(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
,		
		MAIL
(Bus	iness Entity Nar	ne)
(200	nooo Enniy Hui	
(Doc	ument Number)	
	unent humberj	
Contified Contine	C	of Chabur
Certified Copies	Centricates	s or Status
Special Instructions to F	iling Officer:	

Office Use Only





Off Resum Trens 5/15/08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MASTER VISION CONNECTIONS, INC

(Name of Corporation)

DOCUMENT NUMBER: P07000118171

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILTON J FIGUEROA, ESQUIRE

(Name of Person)

MILTON J FIGUEROA, PA

(Name of Firm/Company)

499 N SR 434 SUITE 2113

(Address)

ALTAMONTE SPRINGS FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

MILTON J FIGUEROA, ESQUIRE (Name of Person) at (407) 745-0893 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

MAR-12-2008 14:39 From:A G	PRINTING	4079650183	To: <u>3</u> 212065	5276	P.3/3
		R / DIRECTOR RESI OR A CORPORATIO		FI 2008 MAY I SECRETAR TALLAHASS	LED 2 AM 10: 42 Y OF STATEA
1, ALEXA SOTO)	, hereby resig	BD/B	(Tille)	-
of MASTER VIS		TIONS, INC. me of Corporation)			
-	nber, if known)	, a corporation organiz	ed under the laws of	f the State of	
FLORIDA					

alexa Soto

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahasses, Florida 32314

.