

PD8000007371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

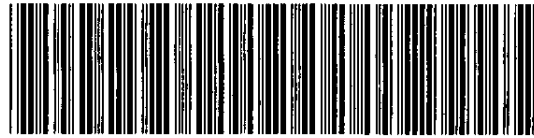
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VICTORY M.M.A. CORP.
(Name of Corporation)

DOCUMENT NUMBER: P08000007371

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

Please return all correspondence concerning this matter to the following:

NORBERTO D. MAZZARELLO

(Name of Person)

VICTORY M.M.A. CORP.

(Name of Firm/Company)

1917 LOYOLA AVENUE

(Address)

LEHIGH ACRES, FLORIDA 33972

(City/State and Zip Code)

For further information concerning this matter, please call:

NORBERTO D. MAZZARELLO

(Name of Person)

at (305) 316-1556

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

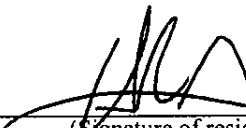
I, HECTOR R. ARGARATE, hereby resign as DIRECTOR
(Title)

of VICTORY M.M.A. CORP.
(Name of Corporation)

P08000007371, a corporation organized under the laws of the
(Document Number, if known)

FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


HECTOR R. ARGARATE
(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
Tallahassee, Florida 32314