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(City/State/Zip/Phone #)	09/22/0901007011 **35.00		
(Business Entity Name)			
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COVER LETTER

SUBJECT: Andrade & Andrade	Inc.
SUBJECT.	(Name of Corporation)
DOCUMENT NUMBER: 7480	φφρφ8485
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
April Stevens fka April Andrade	
(Name of Perso	on)
Andrade & Andrade Inc.	
(Name of Firm/Con	npany)
3562 Oberon Avenue	
(Address)	
Boynton Beach FL 33436	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
April Stevens	at (919) 498-3141 (Area Code & Daytime Telephone Number)
(Name of Person)	(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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

{I.} April Stevens	, hereby resign as	Vice President/Se	cretary/Treasurer
***************************************	, nereey resign as	(Title)	
ofAndrade & Andrade Inc.			,
(Name o	of Corporation)		
P08000008485 (Document Number, if known)	_, a corporation organized ur	nder the laws of the Sta	ate of
Florida			
april St	EULWS gnature of resigning officer/direc	tor)	FILED 2009 SEP 22 AM 9: 17 SECRETARY OF STATE TALL AHASSEE, FLORIDA
FI	ILING FEE IS \$35.00		M 9: 17

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

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