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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Christopher Atto Boly Work Corporation) DOCUMENT NUMBER: POSOOO 2996
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Carlos Becerra (Name of Person)
Christopher Auto Body Works (Name of Firm/Company)
19100 SW 106 Ave #19 (Address)
Miam) FL 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Coclos Becerca at (954) 248-0646 (Name of Person) at (954) 248-0646 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

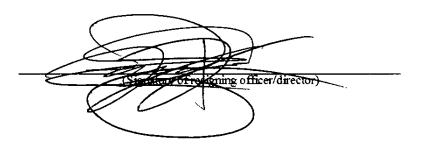
of Christopher Auto Body Works

(Name of Corporation)

(Name of Corporation)

(Document Number, if known)

(Document Number, if known)



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