

PO80000069185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

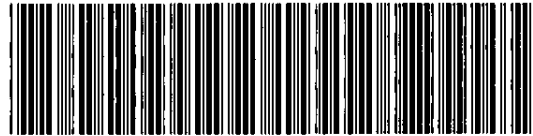
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 11/11/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VENEPUBLISHER, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P08000069185

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

Please return all correspondence concerning this matter to the following:

ZORAIDA ORTA

(Name of Person)

PROFESSIONAL BUSINESS ADVISORS II, INC.

(Name of Firm/Company)

9485 SUNSET DRIVE SUITE A-200

(Address)

MIAMI FLORIDA 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

ZORAIDA ORTA at (305) 596-9333
(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

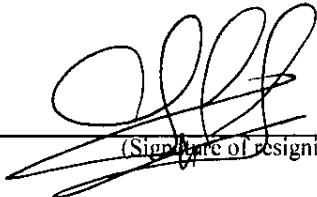
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS CORAO, hereby resign as VICE-PRESIDENT
(Title)

of VENEPUBLISHER, CORP.
(Name of Corporation)

P08000069185, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(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

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DIVISION OF CORPORATIONS
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