P0800072798

| (Requestor's Name) | | |
|---|--|--|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| , , , , | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (0) | | |
| (Business Entity Name) | | |
| • | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
| | | |
| Overlative No. 1. 577 Off | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| · | | |
| | | |
| | | |

Office Use Only



200136376892

09/29/08--01011--024 **35.00

Offlesion News 10-7-08

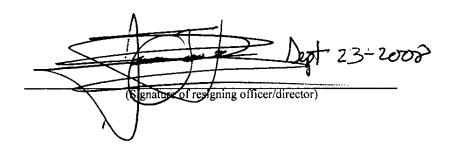
COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---------------------------------|---|--|--|
| SUB. | JECT: US CAPITAL INVESTMENT CORP | | |
| (Name of Corporation) | | | |
| DOCUMENT NUMBER: P08000072798 | | | |
| The e | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing | | |
| Pleas | e return all correspondence concerning this matter to the following: | | |
| AST | TOLFO BOLIVAR | | |
| | (Name of Person) | | |
| US | CAPITAL INVESTMENT CORP. | | |
| | (Name of Firm/Company) | | |
| 674 | 0 SW 125 AVE | | |
| | (Address) | | |
| MIA | MI, FL 33183 | | |
| | (City/State and Zip Code) | | |
| For f | urther information concerning this matter, please call: | | |
| AST | OLFO BOLIVAR (Name of Person) at (305) 978-6031 (Area Code & Daytime Telephone Number) | | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclo | osed is a check for \$35.00 made payable to the Florida Department of State. | | |
| Amer Divis Clifto 2661 | Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle Carbon Building Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I. ASTOLFO BOLIVAR | , hereby resign as PRESIDENT | |
|-----------------------------|--|--|
| ** | (Title) | |
| of US CAPITAL INVESTMENT CO | RP | |
| | Corporation) | |
| | , a corporation organized under the laws of the State of | |
| (Document Number, if known) | | |
| FLORIDA | | |



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