P09000014163

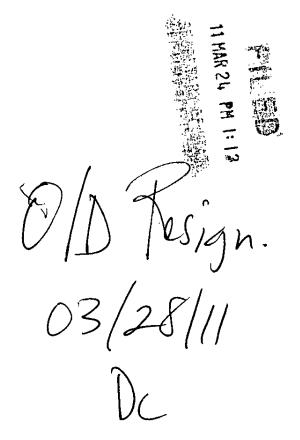
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600199040716

03/24/11--01029--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Omega Line Tre (Name of Corporation)
DOCUMENT NUMBER: <u>P09000014163</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARIOS OIA12+e (Name of Person)
Omega Line, Inc. (Name of Firm/Company)
20924 SW. /18th Place (Address)
Miami FL. 33177 (City/State and Zip Code)
For further information concerning this matter, please call:
CATIOS DIANTE at (305) 244 - 9840 (Name of Person) (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
Post Office Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Juan,	P. Espiti	A	, hereby resign as_	Vice-	Presiden (Title)	1
of_	Omeg	a Line	ZAC ne of Corpora	tion)			<u> </u>
	P090000 (Document Num	014163 nber, if known)	, a corp	oration organized un	der the laws o	of the State of	
	Florio	1 _A					
			-	_			
			#				****
	-		(S) gradure of	f resigning officer/direct	or)	MAR 24 I	
			1	-		7	
						1 50	

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