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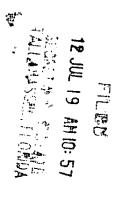
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: VIM Professional Inc. (Name of Corporation)			
DOCUMENT NUMBER: Ploated Signature of the enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following:			
			(Name of Person)
Kaualilia Da			
(Name of Firm/Company)			
132 10 N. 16th St., Ste 102			
(Address)			
City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Osama S Kanali CHA at (813) 899.9642 (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

0 111	The state of the s
1, Samir Chehab	, hereby resign as \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(Title)
A	₩.
of USM Professional	Inc " ==
(Name of Corporati	ion)
01 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	
P10000043190 ,a corpo	oration organized under the laws of the State of
(Document Number, if known)	n. Itali
Florida	AH C
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	huhd
(5)	
(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