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(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATE TALLAHASSEE: FLORIDA

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUR.	JECT: Mia Business Solutions Corp.			
(Name of Corporation)				
DOC	UMENT NUMBER:			
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:			
Ver	onica Martin			
	(Name of Person)			
MIA	Business Solutions Corp			
	(Name of Firm/Company)			
434	5 SW 109th Ct			
	(Address)			
Mia	mi Florida 33165			
	(City/State and Zip Code)			
For fi	urther information concerning this matter, please call:			
Verd	(Name of Person) at (954) 696 6582 (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: Independent Section Ition of Corporations Iting			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Veronica Martin	, hereby resign as Vice President		
	(Title)		
of MIA Business Solutions Corp)	_ •	
	e of Corporation)	_,	
(Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			
\bigcap_{λ}		TAPE	

(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