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(Address)
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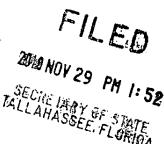




COVER LETTER

	ndment Section ion of Corporations
SUBJECT:	POLIDIRECT INC
	(Name of Corporation)
DOCUMEN	T NUMBER: P10000091952
The enclosed	Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return	all correspondence concerning this matter to the following:
Luis F Lope	ez
***************************************	(Name of Person)
POLIDIRE	CT INC
	(Name of Firm/Company)
10773 NW	58 STREET, SUITE 19
	(Address)
MIAMI FL 3	33178
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
Luis F Lope	ar ()
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for \$35.00 made payable to the Florida Department of State.
Street Addre Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	Section Amendment Section orporations Division of Corporations ing Post Office Box 6327 ve Center Circle Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, POLI-DIRECT S.A.	, hereby resign as President	
77 ************************************	(Title)	
of_POLIDIRECT INC		
(Name o	of Corporation)	
P1000091952 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	_·	
(S	gnature 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