793000013807

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

•	TO: Amendment Section Division of Corporations				
	SUBJECT: RALPH ROCHETEAU & ASSOCIATES, INC. (Name of Corporation)				
	DOCUMENT NUMBER: P 93000013807				
	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
	Please return all correspondence concerning this matter to the following:				
	ROSARIO ARMENTA (Name of Person)				
	(Name of Ferson)				
	MIA CONSULTANTS, INC. (Name of Firm/Company)				
	10305 NW 41 STREET STE. 111 (Address)				
	MIAMI FL 33178 (City/State and Zip Code)				
	For further information concerning this matter, please call:				
	ROSARIO ARMENTA at (305) 594-0384 (Name of Person) (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

I, _	ROSARIO	ARMENTA	, hereby resign as_	V T D (Title)	
of_	RALPH		ASSOCIATES,	. INC.	······································
_£	2930000 I (Document Num		, a corporation organized un	der the laws of the State of	
	FLORIDA		· .		06 06
					AUG 15
		(Si	grature of resigning officer/direct	tor)	

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