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

Office Use Only



000056557740

08/15/05--01047--018 **35.00

STATE OF LORIDA

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MENDOZA DE		_					, comes
DOCUMENT NUMBER:_	P94000050684	<u> </u>	المستوقعين مواريسي	<u> </u>	<u></u>		
The enclosed Officer/Director	r Resignation for	a Corporatio	on and fee ar	e submitted	for filin	g.	
Please return all corresponder	nce concerning th	is matter to	the following	g:			
	•			2111 1 11	., , ,	E. ↑.	्र _{्यु} डूल
MENDOZA DEVELOPME (Name of F	NT GROUP, IN	C		get a to a	-		August 3
3751 SW 128th A√ € (Ad	dress)	<u> </u>		1 <u>.</u>			المنافضة عمر المنافضة عمر المنافضة عمر
MIAMI, FL 3317 5 (City/State a	and Zip Code)	Street Province	<u> </u>	केट्स अक्टरान	· · · · · ·	St. 12. 14	
For further information conce	rning this matter,	please call:					
ALEX MENDOZA (Name of Perso	<u></u>	t (305 (Area Co	592 625	7 Telephone	Number)		

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, ALBERT NEUHAUSER	, hereby resign as SECRETARY	_
*>	(Title)	
of MENDOZA DEVELOPMENT	GROUP, INC.	
(Name	e of Corporation)	
P9400050684 (Document Number, if known)	, a corporation organized under the laws of the Stat	e of
FLORIDA		-

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