P95000045737

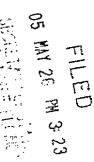
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WA	IT MAIL				
	WAGE				
(Business Enti	ty Name)				
(Document Nu	mber)				
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OffResign



05/26/05--01003--008 **35.00

TRANSMITTAL LETTER

SUBJECT:	FOCITY INC.			
OOCUMENT NUMBER: P95 0000 45737				
	Resignation for a Corporation and fee are submitted for filing			
Please return all corresponden	ce concerning this matter to the following:			
LAURA J (Name o	Social f Person)			
	rm/Company)			
	142 PLACE			
Mieni Fi.	33186.8607 nd Zip Code)			
For further information concer	ming this matter, please call:			
Name of Person	at (305) 606. OS17 (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00	made navable to the Florida Denartment of State			

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

05 MAY 26 PM 3 23

I,	Mi Guel	Soma	, hereby resign as	Vice	(Title)
of	INFOCE	(Name of Corpor	ration		,
<u>p</u> c	Document Number, if k	737,a cor	poration organized und	er the laws of	the State of
	Floring	<u> </u>			
			enun		_
		(Signature	of resigning officer/director	or)	

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