

P960000088140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

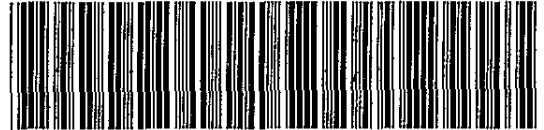
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100036467331

05/28/04--01012--001 \*\*35.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

04 MAY 28 PM 12:59

FILED

Ps 6/3/04  
D. P. S.

**TRANSMITTAL LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Analyzee Medical International Inc  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Laikha  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

369 Bill France Blvd.  
(Address)

Dayton Beach FL 32114  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laikha at ( 386 ) 947-8525  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

**FILED**

04 MAY 28 PM 12:59

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Laikhenise Aziz, hereby resign as Sales Manager / officer  
(Title)

of Analyga Medical International, Inc  
(Name of Corporation)

\_\_\_\_\_ a corporation organized under the laws of the State of  
(Document Number, if known)

Fl.



\_\_\_\_\_  
(Signature of resigning officer/director)

12/30/03

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendmen: Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314