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COVER LETTER

TO: Amendment Section Division of Corporations					
	NODA Inc. (Name of Corporation) 8000 10 7704				
DOCUMENT NUMBER: P 98000 10 77 04					
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing.				
Please return all correspondence cond	perning this matter to the following:				
FERNANDO S. (Name of Person	TU 1 1 2				
CA DO TE NO DA (Name of Firm/Com	ipany)				
P.O. P20X 470 (Address)	31				
TAMPA FL (City/State and Zip	33647 Code)				
For further information concerning th					
FEVANADO SOUVIZ (Name of Person)	at (386) 4621211 (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, fernanso	Isturiz	, hereby resign as	DIFECT	TO (Title)	
of CADOY	E Mo DA (Name of Corpora	ion)			,
(Document Number, if	known), a corpo	oration organized und	er the laws of t	he State of	
IONDA	· .	٠.			
		Ale			
	(Signature o	fresigning officer/directo	r)	SECRETALIANA	
				RY OF S	LEU

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

FILING FEE IS \$35.00

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

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