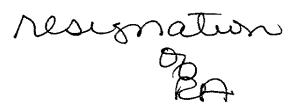
(Req	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations
·
SUBJECT: ASTRA-GLOBE BUILDING GROUP, INC. (Name of Corporation)
• •
DOCUMENT NUMBER: V24168
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pedro A. Martin
(Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
1221 Brickell Avenue
(Address)
Miami, FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Pedro A. Martin at (305) 579-0545 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2006 AUG 24 AM 8: 48

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,P	edro A. Martin
· • • • • • • • • • • • • • • • • • • •	(Name of Registered Agent)
hereby resigns as Registered Agent for	ASTRA-GLOBE BUILDING GROUP, INC.
	(Name of Corporation)
V24168	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	Signature of Resigning Agent)
If signing on behalf of an entity:	
Pedro A. Martin	(Typed or Printed Name)
	(Typed of Finned Name)
Registered Agen	nt .
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314