

P02000060769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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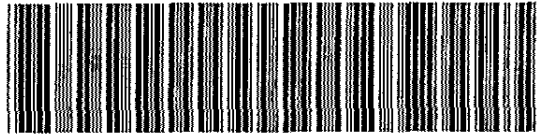
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2005 MAY 31 AM 9:26

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*O/D Resig.*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMADA'S ATELIER, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** PO2000060769

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerrold W. Engelman

(Name of Person)

(Name of Firm/Company)

407 Lincoln Road, Suite 6-C

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerrold W. Engelman

(Name of Person)

at ( 305 ) 673-2443

(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

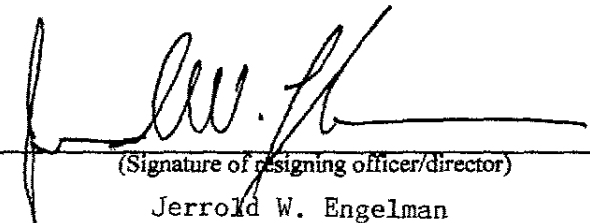
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 MAY 31 AM 9:2

I, JERROLD W. ENGELMAN, hereby resign as DIRECTOR & TREASURER  
(Title)

of AMADA'S ATELIER, INC.  
(Name of Corporation)

PO2000060769, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)  
Jerrold W. Engelman

**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