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SECRETARY OF STATE
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8/17/05

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Paradise Custom Cabinetry Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P05000 53872
	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
Bria	n Raymond
	(Name of Person)
Para	ndise Custom Cabinetry Inc.
	(Name of Firm/Company)
2501	1 53rd Terrace SW
	(Address)
Nap	les, FI 34116
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Brian	(Name of Person) at (239) 777-0073 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Ox 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO: