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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.

Account Number : 120110000041

: (305)887-8730

Fax Number

: (305)887-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CAFETERIA RESTAURANT MABI'S CORP.

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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: CAFETERIA RESTAURANT MABI'S CORP.
(Name of Corporation)
DOCUMENT NUMBER: P06000124485
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN C SANTANA
(Name of Person)
CAFETERIA RESTAURANT MABI'S CORP.
(Name of Firm/Company)
4085 EAST 8TH AVENUE
(Address)
HIALEAH, FL 33013
(City/State and Zip Code)
For further information concerning this matter, please call:
JUAN C SANTANA at (786) 222-8924 (Area Code & Daytime Telephone Number)
(Name of Person) (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

CR2E014(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JUAN C SANTANA	, hereby resign as SECRETARY / DIRECT	OR
	(Title)	<u></u>
of CAFETERIA RESTAURANT	MABI'S CORP.	
	ne of Corporation)	*
P06000124485 (Document Number, if known)		
FLORIDA	<u> </u>	
	(Signature of resigning officer/director)	HAUG 10 PHE

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
Tallahassec, Florida 32314