P98000019959

(Req.	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e#\
(5.4)		,
PICK-UP	TIAW [MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	
Certified Copies	Cartificate	e of Status
Ceramed Copies	Ceranoace	s 0; 3 talus
Special Instructions to F	iling Officer	
opeciai instituctions to i	imig Onicer.	

Office Use Only



500036285135

05/21/04--01035--010 **70.00

OL MAY 21 PM 1: 33

Ps s/26/04
Dles.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CH GOIF I Ventures Inc. (Name of Corporation)	ي خ
DOCUMENT NUMBER:	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili	ng
Please return all correspondence concerning this matter to the following:	
TICA COHEN (Name of Person)	
Ett Golf I Ventues The (Name of Firm/Company)	
7590 W. ATLANTIC BLVD (Address)	
MANGUTE RC 33063 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Stephen Hochberg at 67, 633-6890 (Name of Person) (Area Code & Davime 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

04 MAY 21 PM 1:33

FALLAHASSEE, FLORIDA

I, IRA COHEN, hereby resign as PRESIDEA	17
(litte)	
of CH Golf It Ventures, INC. (Name of Corporation)	1
(Name of Corporation)	
198000019959 a corporation organized under the laws of the State of	F
(Document Number, if known)	
Florior	
B. M.	
(Signature of resigning officer/director)	

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