27215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLAR Cosmetic Labs, INC.
(Name of Corporation)

DOCUMENT NUMBER: 272115

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

Please return all correspondence concerning this matter to the following:

EDWARD GARAZI
(Name of Person)

SOLAR Cosmetic Labs, INC.
(Name of Firm/Company)

4920 N.W. 165TH Street
(Address)

MIAMI GARDENS, FLA. 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD GARAZI at (305) 216.1460
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State. DATE: 4/22/08

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

* My resignation was effective to the Board + the Company 4/22/08.

CR2E044(08/05)

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2008 MAY -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, EDWARD GARAZI, hereby resign as OFFICER & DIRECTOR
(Title)

of SOLAR COSMETIC LABS, INC.
(Name of Corporation)

272115
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

[signature] 4/22/08
(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