

389408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

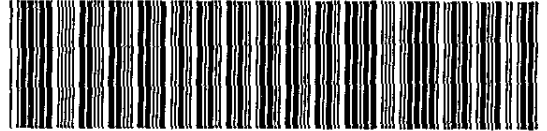
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature and date: 11/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KREATIONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: 389408

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

Please return all correspondence concerning this matter to the following:

Robert Riccobono
(Name of Person)

Kreations, INC.
(Name of Firm/Company)

1086 NW 1st Court
(Address)

HALLANDALE, FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Riccobono at (954) 454-4886-x 125
(Name of Person) (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**

I, ROBERT RICCOBONO, hereby resign as SECRETARY, VICE PRESIDENT
(Title)

of K REATIONS, INC
(Name of Corporation)

389408

(Document Number, if known)

a corporation organized under the laws of the State of

FLORIDA



(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