

J65199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

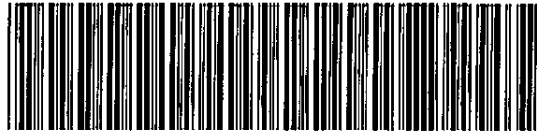
(Business Entity Name)

(Document Number)

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*Off Resign
T. Lewis*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/28/05--01016--004 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Custom Comfort Shoes, Inc.
(Name of Corporation)

DOCUMENT NUMBER: J65199

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

Please return all correspondence concerning this matter to the following:

Rose Dulberg
(Name of Person)

n/a
(Name of Firm/Company)

3610 Yacht Club Drive, # 1404
(Address)

Aventura, Florida 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Hugo G. Morales, Reg. Agent at (305) 865-4665
(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

** Also Please change Address For
Registered Agent.*

THANKS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 4, 2005

ROSE DULBERG
3610 YACHT CLUB DRIVE, #1404
AVENTURA, FL 33180

SUBJECT: A CUSTOM COMFORT SHOES, INC.
Ref. Number: J65199

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 305A00060273

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 NOV 28 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROSE DULBERG, hereby resign as Director, Secretary & Treasurer
(Title)

of A CUSTOM COMFORT SHOES, INC.
(Name of Corporation)

J65199, a corporation organized under the laws of the State of
(Document Number, if known)

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