

N030000006820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

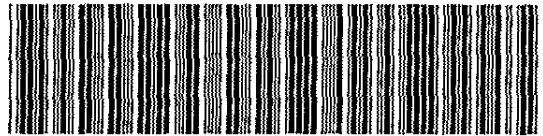
(Business Entity Name)

(Document Number)

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04 APR 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN MAY - 3 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHRI SARASWATI DEVI MANDIR, INC.
(Name of Corporation)

DOCUMENT NUMBER: N03000006820

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

Please return all correspondence concerning this matter to the following:

DR. RAPHAEL KHORRAN, M.D.

(Name of Person)

Same

(Name of Firm/Company)

512 South Dale Mabry Highway

(Address)

Tampa, Florida 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Raphael Khorran, M.D.

(Name of Person)

at (813) 875-7916

(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**

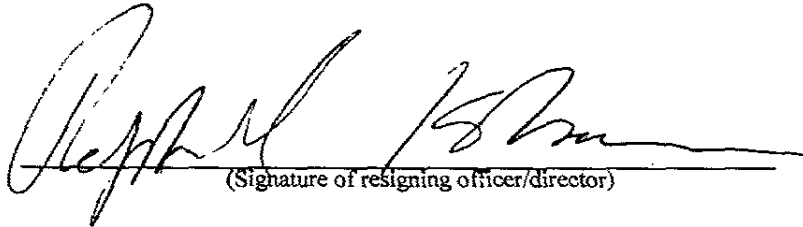
FILED
04 APR 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DR. RAPHAEL KHORRAN, M.D., hereby resign as Treasurer/Director
(Title)

of SHRI SARASWATI DEVI MANDIR INC.
(Name of Corporation)

N03000006820, 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