



**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dreamers' Moms Network, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N13000005095

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

Please return all correspondence concerning this matter to the following:

Maria. Bilbao  
(Name of Person)

Dreamers' MOMS NETWORK, INC  
(Name of Firm/Company)

2657 SW 8<sup>th</sup> ST.  
(Address)

Fort Lauderdale - FL 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria. Bilbao at ( 786 ) 470 5773  
(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

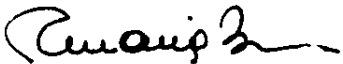
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Maria. Bilbao., hereby resign as VP  
(Title)

of Dreamers' MOMS Network, INC  
(Name of Corporation)

N13000005095, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

FILED  
10 SEP -5 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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