P00000025794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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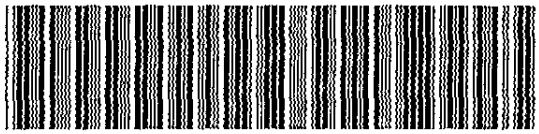

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PETALS 'N' DREAMS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000025794

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

Please return all correspondence concerning this matter to the following:

MERCEDES RODRIGUEZ
(Name of Person)

(Name of Firm/Company)

280 NW 59 COURT
(Address)

MIAMI, FLORIDA 33126-4750
(City/State and Zip Code)

For further information concerning this matter, please call:

Mercedes Rodriguez at (305) 266-1015
(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

Please See
Check # 733
Date 9/2/03
Amt $35.00
Thank You

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MERCEDES RODRIGUEZ, hereby resign as SECRETARY (Title)

of PETALS 'N' DREAMS, INC. (Name of Corporation)

P00000025794 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

Mercedes Rodriguez
(Signature of resigning officer/director)

FILED
03 SEP -5 AM 9:55
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

Please see
Check # 733
Date 9/2/03
Amount 35.00
Thank You