

PD1000081571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

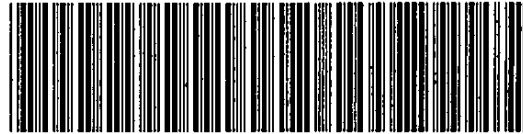
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRISTINA HAIR STYLIST, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000081571

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

Please return all correspondence concerning this matter to the following:

**BELGICA A. PAGAN**

(Name of Person)

(Name of Firm/Company)

**2790 MUSCATELLO ST**

(Address)

**ORLANDO, FL 32837**

(City/State and Zip Code)

For further information concerning this matter, please call:

**BELGICA A. PAGAN**

(Name of Person)

at ( 407 ) 340-5648

(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

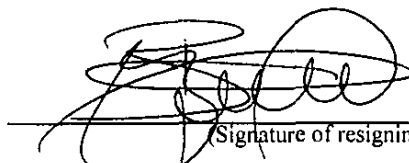
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BELGICA A. PAGAN, hereby resign as PRESIDENT  
(Title)

of CRISTINA HAIR STYLIST, INC  
(Name of Corporation)

P01000081571, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

 06/11/07  
(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

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