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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : ISAAC MATZ P.A., C.P.A.

Account Number : I20040000029 Phone : (305)573-6640 Fax Number : (305)675-6200 05 DEC -2 PM 3: 23

REGISTERED AGENT RESIGNATION

EXOTIC PARADISE OF ORLANDO, INC.

Certificate of Status	1
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12/02/05

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FAX AUDIT NUMBER: 4050001770653

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
Birrision of Corporations
SUBJECT: EXOTIC PARADISE OF ORLANDO, INC.
(Name of Corporation)
DOCUMENT NUMBER: P01000088796
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NIR KARNI
(Name of Person)
EXOTIC PARADISE OF ORLANDO, INC.
(Name of Firm/Company)
20725 NE 16TH AVE UNIT A16
(Address)
MIAMI FL 33179
(City/State and Zip Code)
For further information concerning this matter, please call:
NIR KARNI at (305) 652-3555
NIR KARNI at (305) 652-3555 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

Prepared By: Isaac Matz, P.A., C.P.A. 2742 Biscayne Blvd. Miami, FL 33137 Phone: (305) 573-6640 Fax: (305) 675-6200

FAX AUDIT NUMBER: 4050007770653

FAX AUDIT NUMBER: 4050001706) 3

RESIGNATION OF REGISTERED AGENT SCORE OF STATE FILED 05 DEC - 2 PM 3: 23 FOR A CORPORATION

FOR	CACORPORATION CAMASSEE, FL
	07.0502(2), 617.0502(2), 607.1509, 61617.1509,
Florida Statutes, the undersigned,JA	YLBORSKY
	(Name of Registered Agent)
hereby resigns as Registered Agent for	EXOTIC PARADISE OF ORLANDO, INC. (Name of Corporation)
P01000088796	
(Document Number, if known)	
The agency is terminated and the office this statement is filed.	o the above listed corporation at its last known address. discontinued on the 31st day after the date on which
If signing on behalf of an entity:	shature of Resigning Agent)
	Typed or Printed Name)
	(Canacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Prepared By: Isaac Matz, P.A., C.P.A. 2742 Biscayne Blvd. Miami, FL 33137 Phone: (305) 573-6640 Fax: (305) 675-6200

FAX AUDIT NUMBER: 405000 1710653