

PO1000116545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

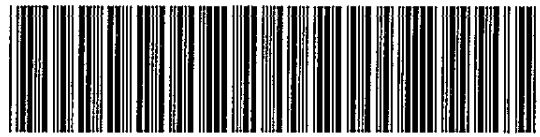
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHOICE FOOD AND DELI INC.

(Name of Corporation)

DOCUMENT NUMBER: P 01000116545

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

Please return all correspondence concerning this matter to the following:

MAZEN AL-BATAINEH

(Name of Person)

CHOICE FOOD & DELI INC.

(Name of Firm/Company)

335 PHILLIPPE PARKWAY

(Address)

SAFETY HARBOR, FLORIDA 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE DIAZ at (407) 352-7006

(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

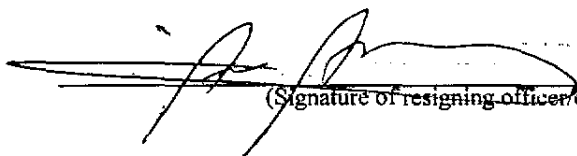
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ASHRAF ABDELRAHAMAN, hereby resign as PRESIDENT/DIRECTOR
(Title)

of CHOICE FOOD & DELI INC.
(Name of Corporation)

P01000116545, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

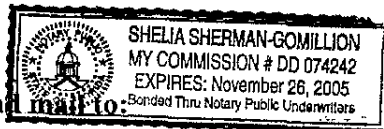

(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

appeared on 8-14-03
Ashraf ABDELRAHMAN
Florida Driver License
Shelia Sherman Gommillion

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