

PO1000120184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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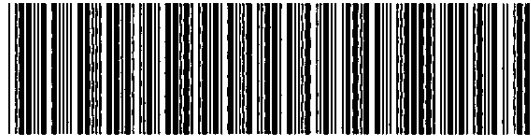
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROMEZ ENTERPRISE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000128184

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

Please return all correspondence concerning this matter to the following:

ELIAS BELLIARD

(Name of Person)

TAXES & IMMIGRATION HELP, INC.

(Name of Firm/Company)

2072 S. MILITARY TRAIL # 11

(Address)

WEST PALM BEACH, FLORIDA 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIAS BELLIARD

(Name of Person)

at ( 561 ) 965-3403

(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

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DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2003 AUG 30 PM 1:48

I, EVA MENDEZ, hereby resign as DIRECTOR  
(Title)

of ROMEZ ENTERPRISE, INC.  
(Name of Corporation)

PO1000120184, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X Eva Mendez  
(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