## P03000005672

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: ROCCO DONNA CORP.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000005672
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
LEC	DNARDO RAIMONDO
-	(Name of Person)
RO	CCO DONNA CORP.
	(Name of Firm/Company)
101	OCEAN DRIVE
	(Address)
MIA	MI BEACH, FL 33160
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
LEO	NARDO RAIMONDO at (786 ) 286-1881 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	t Address: Indiment Section Identify Sec

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SHIRLEY CASTILLO	, hereby resign as VICE PRESIDENT
***************************************	(Title)
ofROCCO DONNA CORP.	
(Name of Co	orporation)
P0300005672 ,a (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	
(Signa	TALLAHASSEE
FILI	NG 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