P03000025076

(Red	questor's Name)	
(Add	dress)	
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OFFICE USE ONLY(DOCUMENT #)		
LAZARUS CORPORATE FI	LING SERVICE	
3320 S.W. 87 AVENUE		
MIAMI, FLORIDA (305)552-5973		
<u> </u>	OFFICE VSE ONLY	
	OFFICE USE ONLY	
CORPORATION NAME(s) &	DOCUMENT NUMBER(S) (if known):	
1. MOM'S CATE	RING & SPECIAL EVENTS INC.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3.	(Document #)	
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
1 1	_	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILNGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
rame recordation	Reinstatement	
	Trademark	

Other

CR2E031(9/92)

Examiner's Initials



March 10, 2004

Lazarus Corporate Filing Service 3320 S.W. 87 Avenue Miami, FL

SUBJECT: MOM'S CATERING & SPECIAL EVENTS INC.

Ref. Number: P03000025076

We have received your document for MOM'S CATERING & SPECIAL EVENTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please delete the reference to the registered agent. You will have to file a separate form (resignation of a registered agent) in order to resign as registered agent and pay a separate fee of \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 404A00016099



Florida Department of State, Jim Smith, Secretary of State AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF DADE

I, Jose Del Valle after being duly sworn, state that to the best of my knowledge information and belief, and under the penalties of perjury, the following is true and correct:

I, Jose Del Valle hereby resign as Treasurer
Mom's Catering & Special Events Inc., a Florida corporation;

That the corporation has been notified in writing of the resignation.

Signature of resigning officer/director

Sworn to and subscribed before me this _____ day of _____ cost.



My Commission Expires : _____

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E044 (7-90)