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officer Resignation

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## TRANSMITTAL LETTER

SUBJECT: <u>MINGSE</u> Blanty Studio, FUC.  (Name of Corporation)  DOCUMENT NUMBER: PO30000 29 206						
(Name of Corporation)						
DOCUMENT NUMBER: PO30000 29 206						
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ALBORTO PEREZ PEREZ (Name of Person)						
MIRAGE Beauty Studio, INC (Name of Firm/Company)						
25979 5W 131 PL (Address)						
Homosteal, Fl 33032 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Minig m Am/s at (305) 2563728 (Name of Person) (Area Code & Daytime Telephone Number)						
(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

**TO:** Amendment Section Division of Corporations

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

O	FFICER / DIRI FOR A C	ECTOR RESI CORPORATION	^	FILED	
			ALLORETAN ALLANASS	4 AM 8: 09	
1. Al Bento Pe	r€Z_	, hereby resig	m as VICE/	7. F/ Ar. 1	Director
of Mingge	Beauty (Name of Corpo	Studio pration)	TUC.		
(Document Number, if	known) a cor	rporation organize	ed under the laws	of the State of	
FLORIDA	·				

## 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