

P03000055253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

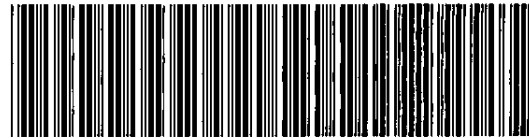
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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Theris  
10-18-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oda' Rey Beauty Salon Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000055253

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

Please return all correspondence concerning this matter to the following:

Reinaldo Cabrera

(Name of Person)

Oda' Rey Beauty Salon Inc.

(Name of Firm/Company)

4763 NW Flagler Terrace

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Reinaldo Cabrera

(Name of Person)

at ( 305 ) 506-7741

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

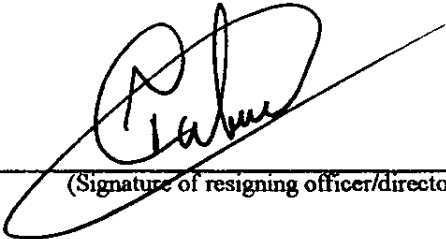
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Reinaldo Cabrera, hereby resign as President/T/O  
(Title)

of Oda' Rey Beauty Salon, Inc.  
(Name of Corporation)

P03000055253, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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