

P030000061342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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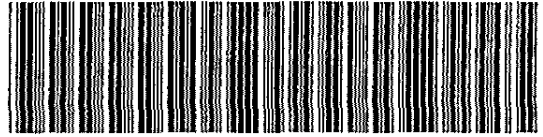
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN DEC - 8 2004

Officer Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANDS & ROSES-2, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000061342

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

Please return all correspondence concerning this matter to the following:

MARIA G. DOMINGUEZ

(Name of Person)

HANDS & ROSES-2, INC.

(Name of Firm/Company)

4655 N.W. 97TH PLACE

(Address)

MIAMI, FLORIDA. 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA G. DOMINGUEZ

(Name of Person)

at (786) 3449280

(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

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

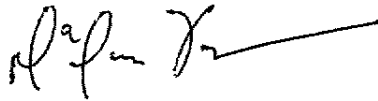
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 DEC -2 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARIA G. DOMINGUEZ, hereby resign as VD
(Title)

of HANDS & ROSES - 2, INC.
(Name of Corporation)

P03000061342, 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