

P03000088393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

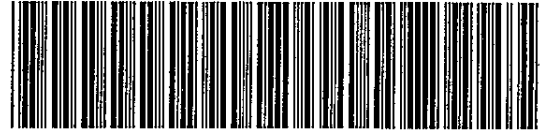
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 11 AM 10:32

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OLD
10/11/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIBBEAN GASTRONOMIA INC
(Name of Corporation)

DOCUMENT NUMBER: PO 3000081393

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

Please return all correspondence concerning this matter to the following:

TOMAS LERA
(Name of Person)

CARIBBEAN GASTRONOMIA INC
(Name of Firm/Company)

7411 Sabol Dr
(Address)

MIAMI LAKES FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

TOMAS LERA at (305) 8227144
(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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

04 OCT 11 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARIA TOPIA, hereby resign as VICE PRESIDENT
(Title)

of Caribbean Gastronomy INC
(Name of Corporation)

PO 30000 88393, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Maria Topia

(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