

PO3000088393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

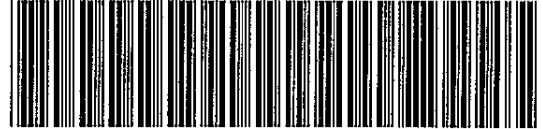
(Business Entity Name)

(Document Number)

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10/11/04--01003--012 \*\*35.00

04 OCT 11 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OLD  
5/10/15/10/11

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CARIBBEAN GASTRONOMIA INC  
(Name of Corporation)

DOCUMENT NUMBER: FD 30000 88393

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 HERA  
(Name of Person)

CARIBBEAN GASTRONOMIA INC  
(Name of Firm/Company)

7411 SABAL DR  
(Address)

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

For further information concerning this matter, please call:

TOMAS HERA 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 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, TRINIDAD Topia, hereby resign as VICE PRESIDENT  
(Title)

of CARIBBEAN GASTRONOMIA INC  
(Name of Corporation)

PO 300 00 88393, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Trinidad 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