P04000027846

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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	İ
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DIVISION OF CORPORATIONS
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O/D resign

TRANSMITTAL LETTER

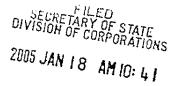
TO: Amendment Section Division of Corporations
SUBJECT: AMBORCOCO SALON CORP (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Colsen 1/13/04 (Name of Person)
AMBer Cole SALONS CONF (Name of Firm/Company)
3010 N. Military FRAIL Scite 200
BOYNTON BEACH F1 33436 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561, 843-1005) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



1, Joseph Colson, hereby resign as Are 5 ident Co. Owner
of AMBO COLE SAlon COSP, (Name of Corporation)
POHOOO 27846 a corporation organized under the laws of the State of (Document Number, if known)
Florida.
Document Number > P04000027846
(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