

P04000093324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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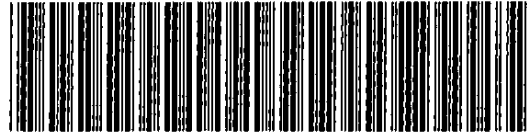
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

09/17/07--01001--004 **35.00

O/D Resign.

9/18/07

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FENIVAFE SCARABINO, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P04000093324

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

Please return all correspondence concerning this matter to the following:

EDUARDO RIUSECH, ESQ.

(Name of Person)

EDUARDO RIUSECH P.A.

(Name of Firm/Company)

10030 SW 40 STREET SUITE B

(Address)

MIAMI, FLORIDA 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO RIUSECH at (305) 207-9599
(Name of Person) (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**

I, EDUARDO SCARABINO, hereby resign as PTSD
(Title)

of FENIVAFE SCARABINO, CORP.
(Name of Corporation)

P0400093324, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


EDUARDO SCARABINO
(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

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