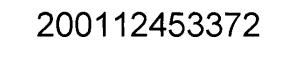
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(Re	equestor's Name)
(Ac	ldress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
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. (D0	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT:_ANGELINA & KATRINA, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P04000101586
The o	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
AKI	HNOUKH AKHNOUKH
	(Name of Person)
AN	GELINA & KATRINA, INC.
	(Name of Firm/Company)
298	6 Shannon Circle
	(Address)
Pal	m Harbor, FL 34684
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Akh	noukh Akhnoukh at (727-) 463-3667 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifte 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

5 K 8

I, MAGED G GERGES	, hereby resign as STD
	(Title)
of ANGELINA & KATRINA	
(1)	lame of Corporation)
P04000101586 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	9
	(Signature of resigning officer/director)
	2:

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