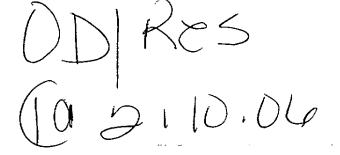
PD4000104800

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
. PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				
•				







700065252507

02/07/06--01006--002 **35.00



COVER LETTER

SUBJECT: OVERMIGHT FISH FINC. (Name of Corporation)
DOCUMENT NUMBER: 704000106 880
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROBERTA GRESS (Name of Person)
OVERNIGHT FISH TW. (Name of Firm/Company)
16095 NW 57 AUE (Address)
HIALEAH FC 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
HENRY AVILA at (305) 303 09/9 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ROBERT GRESS	, hereby resign as	PRESIDENT (Title)
of	OUE (Nar	MUIGHT FISH, IN me of Corporation)	· · · · · · · · · · · · · · · · · · ·
Ŧ	04000/06866 (Document Number, if known)	, a corporation organized under	er the laws of the State of
	FLORIDA	.	
			PELLED FILED
		(Signature of resigning officer/director	SSEE FLOR
			ORID

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