

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI DREAMS BANQUET HALL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000151057

The enclosed Office/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

NELSON CABALLERO
(Name of Person)

MIAMI DREAMS BANQUET HALL, INC.
(Name of Firm/Company)

13736 SW 9th Terrace

Miami, Florida. 33184

For further information concerning this matter, please call:

Nelson Caballero at (786) - 267-3626
(Name of Person) Area Code & Phone

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 NOV 29 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Nelson Caballero, hereby resign as President
(Title)

of MIAMI DREAMS BANQUET HALL, INC.
(Name of Corporation)

under Document Number P04000151057, I would like to request that the address location of
13736 SW 9th Terr, Miami, Florida. 33184 be change to the following 2838 NW 90th ^{street} Miami, Florida. 33147
a corporation organized under the laws of the State of FLORIDA.

Nelson Caballero
(signature of Resigning officer/director)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 23 day of November, 2004, by Nelson Caballero
who is personally known to me or has produced ID as identification and did/did not take an oath.

My commission expires:

Amada Hidalgo
Notary Public
Amada Hidalgo
Printed Name of Notary Public

FILING FEE IS \$ 35.00



Amada Hidalgo
My Commission DD360597
Expires October 06, 2006

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O.BOX 6327
Tallahassee, Florida. 32314