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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STAIL
TALLAHASSEE, FI ORIOA

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C. Coulliette JUL 1 2 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Makeover Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: POS 000 13 6983
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Rosa 2. García (Name of Person)
MAKE OVER SERVICES, Inc. (Name of Firm/Company)
8511 NW 61 St. (Address)
TAMARAC, FL 33321 (City/State and Zip Code)
For further information concerning this matter, please call:
Rosa 2. 6aRcía at (954) 882-2823 (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,	Antonio Mar	A-RODEISUEZ	sign as	DIREC	TDR-PD
of	Makeovee	SERVICES (ame of Corporation)	1100	<u>.</u>	
P	(Document Number, if known)	, a corporation organ	nized unde	er the laws of th	e State of
N-d-u	FLORIDA				

(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

SECRETARY OF STATE

APPROYEL