P0500160103

(Requ	uestor's Name)		
(Addr	ress)		
(Addr	ress)		
(City/	/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





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08/15/08--01009--010 **131.25





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_Barbara's Cuban Caf	e, Inc.
SOBJECT.	(Name of Corporation)
DOCUMENT NUMBER: P0500	00160103
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
Ubaldo Abanto	
(Name of Person	n)
Barbara's Cuban Cafe, Inc.	
· (Name of Firm/Com	ipany)
8050 NW 103 St., #105	
(Address)	
Hialeah Gardens, FL 33016	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Ubaldo Abanto	at (305) 333-1907 (Area Code & Daytime Telephone Number)
(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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0302(2), 617.0302(2), 607.1309, or 617	.1509,
Florida Statutes, the undersigned,	Alesandria Rodriguez	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	t for Barbara's Cuban Cafe, Inc.	
	(Name of Corporation)	,
P05000160103		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last kno	own address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date	on which
	Alexandra Resigning Agent) (Signature of Resigning Agent)	
If signing on behalf of an entity:		
Alesandria R	odriguez	
-	(Typed or Printed Name)	
Registered A	gent	6 15
	(Capacity)	M 11: 3

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314