

PO6000038172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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*Resegni*

C. Coufflette AUG 02 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MESA CAB ENTERPRISES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000038172

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AL MESA

(Name of Person)

MESA CAB ENTERPRISES, INC

(Name of Firm/Company)

3190 S. STATE RD 7 UNIT 23-24

(Address)

MIRAMAR, FLORIDA 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

AL MESA

(Name of Person)

at ( 407 ) 448-3584

(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

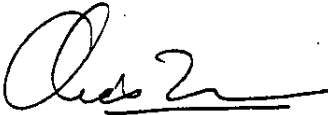
**Mailing Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ANDRES MESA, hereby resign as President/Director  
(Title)  
of MESA CAB ENTERPRISES, INC  
(Name of Corporation)

P06000038172, a corporation organized under the laws of the State of  
(Document Number, if known)  
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

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DIVISION OF CORPORATIONS  
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