Po 4 0000 57802

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





200079383902

09/05/06--01036--008 **35.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

KHM.

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Dreams Forever \nc (Name of Corporation)
DOCUMENT NUMBER: 10600057802
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tamara Russo (Name of Person)
Dream Forevor Inc. (Name of Firm/Company)
203 n. Ridge wood Dri
Sebvika (Cl. 33870) (City/State and Zip Code)
For further information concerning this matter, please call:
Tamora RUSSO at (863) 840-2793 (Name of Person) at (863) 840-2793 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Tamara Pantaleon, hereby resign as Preside	n itle)		_
or Dreams Forever Inc.		,	,
(Name of Corporation) POGOOO57802 poration organized under the laws of the	e State of		
Florida			
\			
(Signature of resigning officer/director)	i	0	·
	SECRETA	06 SEP	三
	RY OF S	-5 译	LED
FILING FEE IS \$35.00		4:00	

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

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