

PG6000/28934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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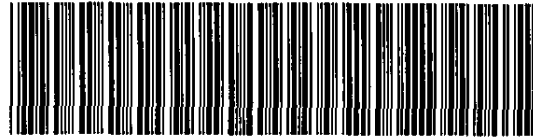
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: LABINET DEPOT INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

PAULINO R. MARTINEZ
(Name of Person)

LABINET DEPOT, INC.
(Name of Firm/Company)

9368 NW 13 ST. #35
(Address)

DORAL FL. 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Giovani Fonseca at (305) 910-7423
(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

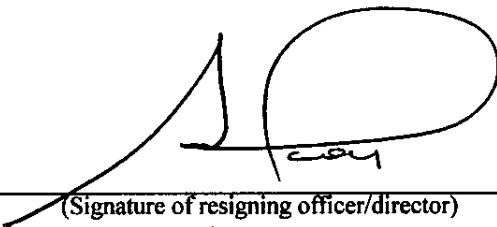
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALVARO A. SAENZ, hereby resign as SECRETARY
(Title)

of CABINETS DEPOT, INC.
(Name of Corporation)

706000128934, a corporation organized under the laws of the State of
(Document Number, if known)


(Signature of resigning officer/director)

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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