P06000147319

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILEO

M Resign

C. Coulliette MAR 2 1 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Fife 's Cafe Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P06000147319</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
IVOUNE GILDA WILSON (Name of Person)
Fifi's CAFE INC. (Name of Firm/Company)
1599 W Flagler Street (Address)
Miami, Florida 33/35 (City/State and Zip Code)
For further information concerning this matter, please call:
TVONNE WI/SON at (305) 649-9962 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made navable to the Florida Denartment 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



March 7, 2007

IVONNE GILDA WILSON FIFI'S CAFE INC. 1599 W. FLAGLER ST MIAMI, FL 33135

SUBJECT: FIFI'S CAFE INC. Ref. Number: P06000147319

We have received your document for FIFI'S CAFE INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You cannot resign as registered agent with this form. Do you still want to resign as officer with this filing? If so, please remove the "registered agent" from the the "title" line in the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Letter Number: 807A00016263

Cheryl Coulliette Document Specialist

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Fife's Cafe Inc. (Name of Corporation)	gn as Tresserver (Title)
	zed under the laws of the State of
	07 MAR SECRET TALLAH
Avonne Wilson (Signature of resigning office	NS 20 F

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