

PO 70000001419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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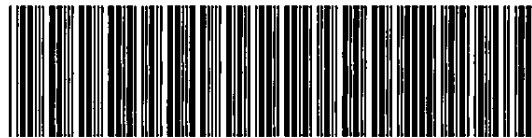
(Business Entity Name)

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2007 JUL 23 PM 2:53

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DREAMS CATERING SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: PD7 00000 1419

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

Please return all correspondence concerning this matter to the following:

LILIANA NAPOLES
(Name of Person)

DREAMS CATERING SERVICES, INC
(Name of Firm/Company)

1221 SW 122 AVENUE, SUITE #108
(Address)

MIAMI, FL, 33184
(City/State and Zip Code)

For further information concerning this matter, please call:

LILIANA NAPOLES at (786) 245-1093
(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

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DIVISION OF CORPORATIONS


**OFFICER / DIRECTOR RESIGNATION 2007 JUL 23 PM 2: 53
FOR A CORPORATION**

I, JOAQUIN M. PEREA JR, hereby resign as DIRECTOR
(Title)

of DREAMS CATERING SERVICES, INC.
(Name of Corporation)

P07000001419, 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