PCFOOOD5FCII

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

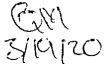




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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUB.	IECT: HALONG BAY VIETNAM	1ESE CUISINE INC.
		(Name of Corporation)
DOC	UMENT NUMBER: P0700005701	1
The e	nclosed Officer/Director Resignation f	or a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning	this matter to the following:
	QUANG CHAU	
	(Name of Person)	
	(Name of Firm/Company)	
	5865 115TH CIRCLE N (Address)	
	(Address)	
1	PINELLAS PARK FL 33782	
	(City/State and Zip Code)	
For fu	orther information concerning this matt	er, please catl:
_Q\	JANG CHAU (Name of Person)	at (727) 254-9788 (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DUNG CHAU		, hereby resign as_	DIRECTOR AND TREASURER (Title)	
of <u>_</u>		NAMESE CUISINE INC. Name of Corporation)	,	
	P07000057011 (Document Number, if known)	, a corporation organized und	der the laws of the State of	
	FLORIDA	·		
		(Signature of resigning officer/direct	2820 MAR - 9 PM 2:	THE BOOK TARY OF STA

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