P07000061629

(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:

Office Use Only

100113378201

12/31/07--01034--006 **35.00

FILED
07 DEC 31 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Offer Resign
Ann Murphy
1/3/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGIC DREAMS PARTIES AND EVENTS INC
(Name of Corporation)

DOCUMENT NUMBER: P07000061629

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

Please return all correspondence concerning this matter to the following:

Carmen Mena
(Name of Person)

MAGIC DREAMS PARTIES AND EVENTS INC
(Name of Firm/Company)

3251 SW 27 STREET
(Address)

MIAMI FLORIDA 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

KARINA RODRIGUEZ at (305) 527 7315/305 4600808
(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, CARILAF MARIA, hereby resign as VICE-PRISEDETN
(Title)

of MAGIC DREAMS PARTIES AND EVENTS, INC,
(Name of Corporation)

P07000061629, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA - MIAMI DADE COUNT.

(Signature of resigning officer/director)

FILED
07 DEC 31 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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