PD 7000069594

(Re	questor's Name)	
(Ad	dress)	
(Ad	idr e ss)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



000109123500

09/10/07--01011--016 **35.00

byb per

5

OT SEP 10 AM 9: 16
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VIDEO HOUSE INC (Name of Corporation)
DOCUMENT NUMBER: P07000069594
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EID REHMAT
(Name of Person)
VIDEO HOUSE INC
(Name of Firm/Company)
3955 SW 137 AVE SUITE 4
(Address)
MIAMI, FL 33175
(City/State and Zip Code)
For further information concerning this matter, please call:
EID REHMAT at (305) 302-1416 (Name of Person) (Area Code & Daytime Telephone Number)
(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, LAZO OSVALDO	, hereby resign as PRESIDENT (Title)
of VIDEO HOUSE INC (Name of Corporati	on) .
D0700060504	ration organized under the laws of the State of
FLORIDA	
JSUA. (Signature of	O7 SEP 10 M 9: 16 SECRE IARY OF STATE TORING officer/director) 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