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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: DONE DEAL PRODUCTION, INC
	(Name of Corporation)
DO	CUMENT NUMBER:
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
· WA	LTER ABREU
	(Name of Person)
	(Name of Firm/Company)
760	01 E. TREASURE DRIVE, SUITE CU-21
	(Address)
NO	RTH BAY VILLAGE, FLORIDA 33141
	(City/State and Zip Code)
Conf	further information concerning this matter, please call:
FOF	urther information concerning this matter, please can:
WA	LTER ABREU at (786) 277-1651 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Divis Clift 2661	Mailing Address: Indment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOSE ALFONSO	, hereby resign as TREASURE (Title)
of DONE DEAL PRODUCTION	S, INC e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
	(Signature of resigning officer/director)
l	
	FILING FEE IS \$35.00
Make checks payable	e to Florida Department of State and mail to: 💆 🙎

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

I, Jose Alfonso do hereby resign my position, shares and ownership with DONE DEAL PRODUCTION, INC., a Florida company. I direct that my shares be transferred back to the company immediately.

Dated, this the 4th day of June, 2008
Jose Alfonso
STATE OF FLORIDA COUNTY OF DADE
BEFORE ME, the undersigned authority, the foregoing instrument was sworn to and subscribed before me this, day of, 2008, by
[] has produced as Identification and who did (did not) take an oath.
acknowledged before me that he read and executed the same and that the facts contained therein are true and correct.
WITNESS my hand and official seal in the state and county first above written.

My commission expires:

