

P070000128886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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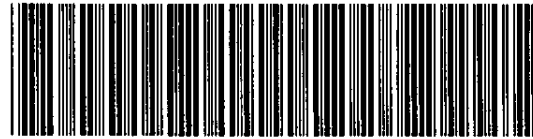
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAIL'S BY ZOILA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000128886

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

Please return all correspondence concerning this matter to the following:

MIRIAN AREAS
(Name of Person)

(Name of Firm/Company)

19542 NW 79th
(Address)

Palmdale FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

MIRIAN AREAS at 786-280-4727
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

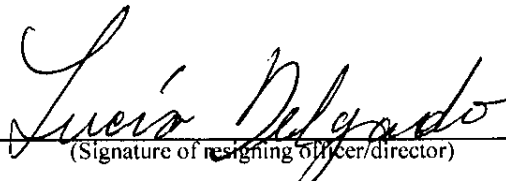
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUCIA A. DELGADO, hereby resign as PRESIDENT
(Title)

of NAIL'S BY ZOILA, INC.,
(Name of Corporation)

P07000128886, 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

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DIVISION OF CORPORATIONS
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