

PO 800004/0556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

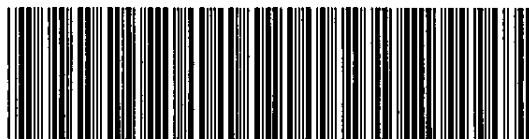
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

10-15-08



700136645977

10/09/08--01005--003 **35.00

FILED

2008 OCT -9 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dlb
Kry
Sg

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DRABET ENTERPRISES INC.
(Name of Corporation)

DOCUMENT NUMBER: PD8000040556

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

Please return all correspondence concerning this matter to the following:

PATRICIA DRADA

(Name of Person)

DRABET ENTERPRISES, INC

(Name of Firm/Company)

6565 TAFT STREET SUITE 404

(Address)

HOLLYWOOD FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA DRADA

(Name of Person)

at (954) 985-0700

(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, EFRAIN BETANCOURT, hereby resign as VP
(Title)

of DRABET ENTERPRISES INC.
(Name of Corporation)

P08000040556, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
2008 OCT -9 AM 11:56
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