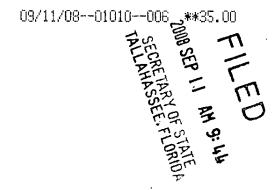
P97000102248

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	

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Offlisign Thews 9-15-08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SAADEH INC		
(Name of Corporation)		
DOCUMENT NUMBER: P97000102248		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JAMAL SAADEH		
(Name of Person)		
SAADEH INC dba BUY RITE FOOD STORE		
(Name of Firm/Company)		
1600 SOUTH DIXIE HWY SUITE A		
(Address)		
LAKE WORTH, FL 33460		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JAMAL SAADEH at (561) 547-2493 (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		

F044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, JAMAL SAADEH	, hereby resign as SECRATERY
	(Title)
of SAADEH,INC.	
(Name of C	orporation)
P97000102248 (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA .	
- Alican	

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