

P98080107704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

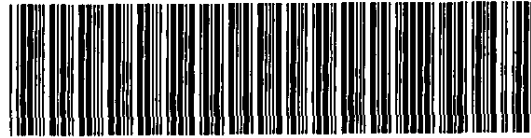
(Business Entity Name)

(Document Number)

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400079559704

09/08/06--01032--024 \*\*35.00

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2006 SEP - 8 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off. Resign.*

G. Coulters SEP 11 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cadore Moda Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000107704

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

Please return all correspondence concerning this matter to the following:

P. Bared

(Name of Person)

(Name of Firm/Company)

1500 San Remo Avenue Suite 248

(Address)

Coral Gables, Fl. 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Bared

(Name of Person)

at ( 305 ) 666-6010

(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:**

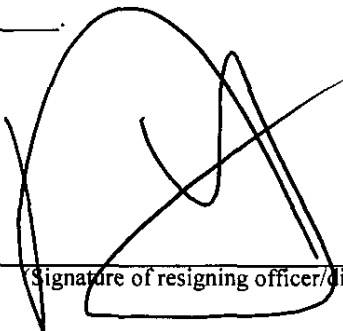
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Pablo R. Bared, hereby resign as Director  
(Title)

of Cadore Moda, Inc.  
(Name of Corporation)

P98000107704, 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

**FILED**  
**2006 SEP - 8 AM 8:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**