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SECRETARY OF STATE

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## **COVER LETTER**

SUBJECT: CAMERA EXPRESS (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: 299 0000 66 062
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TOAL HAD DAD (Name of Person)
CAMERA EXDRESS INC
(Name of Firm/Company)
(Name of Firm/Company)  7544 W. IRLO BRONSON HWY  (Address)
(Address)
KISSIMPTE, FL 34747 (City/State and Zip Code)
• • • •
For further information concerning this matter, please call:
(Name of Person) at ( 407) 787-0277 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
•

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

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

CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GUBERT COHEN, hereby resign as PRESIDENT
of CAMERA EXPRESS, NC. (Name of Corporation)
(Document Number, if known)  (Document Number, if known)
HORING.
Colley All
(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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SECRETARY OF STATE DIVISION OF CORPORATIONS