

N04000008158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

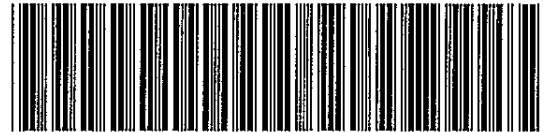
(Business Entity Name)

(Document Number)

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700065253757

*Resignation
of
officer*

02/07/06--01004--015 **\$5.00

FILED
06 FEB -7 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APF
2/10/06*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL HEALTH INITIATIVES, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000008158

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

Please return all correspondence concerning this matter to the following:

DR. CYRIL BLAVO
(Name of Person)

INTERNATIONAL HEALTH INITIATIVES, INC.
(Name of Firm/Company)

6511 NOVA DRIVE #105
(Address)

DAVIE FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. CYRIL BLAVO at (954) 937-6764
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

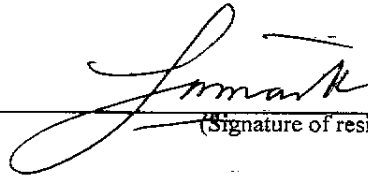
I, ASHIAGBOR, BISMARCK, hereby resign as VICE PRESIDENT

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of INTERNATIONAL HEALTH INITIATIVES, INC
(Name of Corporation)

N04000008158, 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