

P02.000131434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

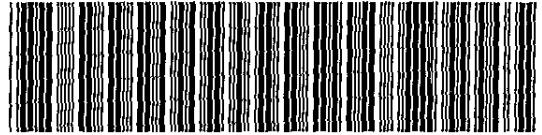
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHARMACOM INTERNATIONAL CORP.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000131434  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ORLANDO BIRBRAGHER  
\_\_\_\_\_  
(Name of Person)

PHARMACOM INTERNATIONAL CORP.  
\_\_\_\_\_  
(Name of Firm/Company)

601 BRICKELL KEY DRIVE, SUITE 703  
\_\_\_\_\_  
(Address)

MIAMI, FL 33131  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOT A BENNETT at ( 305 ) 466-5567  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

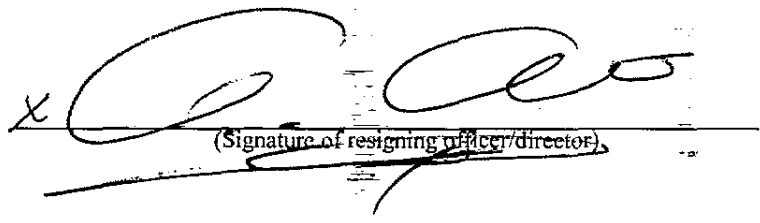
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALEXIS AVELLO hereby resign as SECRETARY/ DIRECTOR  
(Title)

of PHARMACOM INTERNATIONAL CORP.  
(Name of Corporation)

P02000131434, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

  
(Signature of resigning officer/director)

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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