

P040000107952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

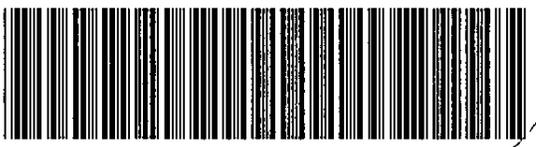
(Business Entity Name)

(Document Number)

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10 SEP 27 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts SEP 28 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000107952  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

EDIMIA M PESANTES  
\_\_\_\_\_  
(Name of Person)

EUREKA INSTITUTE OF HEALTH  
\_\_\_\_\_  
(Name of Firm/Company)

11373 W FLAGLER ST STE 309  
\_\_\_\_\_  
(Address)

Miami, FL 33174  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDIMIA M PESANTES at ( 305 ) 480-1005  
\_\_\_\_\_  
(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**

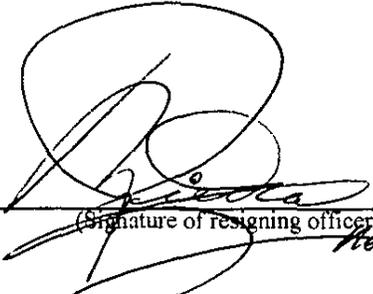
**FILED**  
10 SEP 27 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ZORAIDA PIEDRA, hereby resign as VPSD  
(Title)

of EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.  
(Name of Corporation)

P04000107952, 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