

PI 000000008003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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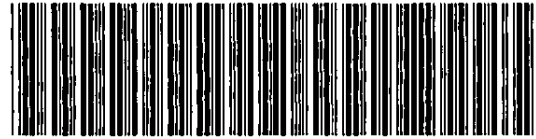
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pharma Research International
(Name of Corporation)

DOCUMENT NUMBER: P10000008003

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Jacqueline Romero
(Name of Person)

(Name of Firm/Company)

90 Cypress Way E, Ste 10
(Address)

Naples, FL 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

Noel Ponto (offmar) at (239) 514-7315
or Dr. Romero (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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