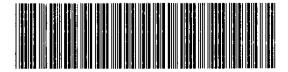
P1100000455a

(Requestor's Name)		
(Address)		
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,		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
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(Document Number)		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CANADIAN DRUG C	OUTLET SERVICES INC.
SUBJECT.	(Name of Corporation)
DOCUMENT NUMBER: P110	00004552
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
McCord, Torla	
(Name of Perso	on)
CANADIAN DRUG OUTLET SE	RVICES INC.
(Name of Firm/Cor	npany)
P.O. Box 14233	,
(Address)	
North Palm Beach, FL. 33408	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Torla Mccord	at (561) 294-3025 (Area Code & Daytime Telephone Number)
(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	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, McCord, Torla	, hereby resign as SCTY		
		(Title)	
of CANADIAN DRUG OUTLE	ET SERVICES INC.		
(1)	Name of Corporation)	· · · · · · · · · · · · · · · · · · ·	
P11000004552	, a corporation organized under the laws of the State of		
(Document Number, if known)	, w vo. po		
Florida	<u> </u>		

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