

P04000017402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

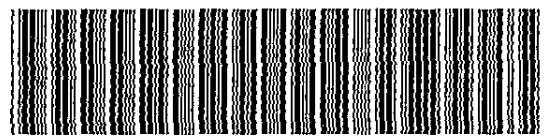
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700054269637

05/12/05--01012--002 **35.00

FILED
05 MAY 12 PM 1:50
SOUTH FLORIDA STATE
TALLAHASSEE, FLORIDA

*Received
KSP
5/10*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CADINI GROUP INC
(Name of Corporation)

DOCUMENT NUMBER: P04000017402

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

Please return all correspondence concerning this matter to the following:

KLARA K. EILIAN
(Name of Person)

CADINI GROUP INC
(Name of Firm/Company)

1670 N.E 9th AVE # 504
(Address)

N.M.B. FL. 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

KLARA EILIAN at (305) 652-0030
(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, KLARA K. EILIAN, hereby resign as President
(Title)

of CADINI GROUP INC
(Name of Corporation)

904000017402, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 12 PM 1:50

FILED

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