

PO4000138419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

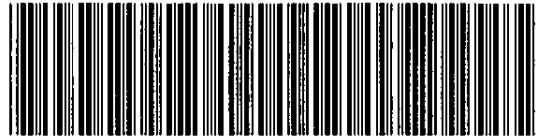
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900143659459

02/16/09--01028--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 16 PM 12:57

OD/Res
@ 2/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED INK FINANCIAL GROUP, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P04000138419

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

Please return all correspondence concerning this matter to the following:

CATALINA M. ARROYAVE

(Name of Person)

(Name of Firm/Company)

9300 EAST BAY HARBOR DRIVE, APT. 102

(Address)

BAY HARBOR ISLANDS, FL 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

CATALINA M. ARROYAVE

(Name of Person)

at (786) 972-0638

(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

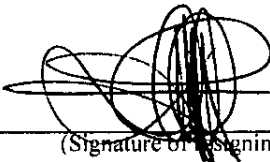
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CATALINA M. ARROYAVE, hereby resign as VP
(Title)

of RED INK FINANCIAL GROUP, INC.
(Name of Corporation)

P04000138419, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 FEB 16 PM 12:57

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