

(Re	equestor's Name)	
(Ac	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only







COVER LETTER

SUBJECT: RESIGNATION OF OFFICER		
(Name of Corporation)		
DOCUMENT NUMBER:		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
PABLO ANDRES PENUELA		
(Name of Person)		
CHIKA GROUP INC		
(Name of Firm/Company)		
1111 BRICKELL AVE. 11TH FLOOR		
(Address)		
MIAMI, FL 33131		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
PABLO ANDRES PENUELA at (305) 7762228		
PABLO ANDRES PENUELA at (305) 7762228 (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 Laming Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

TO:

Amendment Section Division of Corporations

OFFICER DIRECTOR RESIGNATION FOR A CORPORATION

I, ANAMARIA VELASQUEZ	, hereby resign as PRESIDENT	_
	(Title)	
of_ CHIKA GROUP INC.	nie of Corporation)	,
(Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	<u></u>	
	SECRETARY OF STATE Signature of resigning officer/director) (Signature of resigning officer/director)	
	FILING FEE IS \$35.00	
Make checks payab	le to Florida Department of State and mail to:	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314