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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

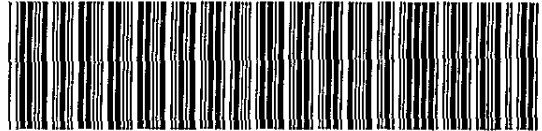
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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FILED
03 SEP -9 9 11
SECRET
FALL 2003

Voldis
to Lewis 9/11/03



CORPORATE CLAIM SERVICES, INC.

3915 Biscayne Blvd. Miami, FL 33137 ~ Tel: (305) 572-1967 ~ Fax: (305) 576-4595

September 5, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CORPORATE CLAIM SERVICES, INC.
 FEI #: 59-2572538

Enclosed please find the documentation to dissolve the above mentioned company. Also attached is a check in the amount of \$43.75, which includes the fees for the filing of articles of dissolution and a certified copy.

If you have any questions, please do not hesitate to contact me at:

Work: (305) 572-1967

**Address: Corporate Claim Services, Inc.
 3915 Biscayne Blvd.
 Miami, FL 33137**

Sincerely,

Rachael Aldulaimi
Secretary & Treasurer

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: _____
Corporate Claim Services, Inc.

SECOND: The date dissolution was authorized: September 5, 2003

THIRD: Adoption of Dissolution (CHECK ONE)

- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by vote of the shareholders through voting groups.

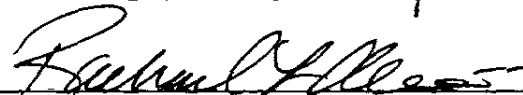
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Board of Directors

(voting group)

Signed this 5th day of September, 2003.

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Rachael Aldulaimi
(Typed or printed name)

Secretary & Treasurer
(Title)