P01000063197

(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:		avastada Nama)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(rte	rquestoi s ivame)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	ty/State/Zip/Phone	= #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	PICK-UP	WAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Bu	siness Entity Nan	ne)
Certified Copies Certificates of Status	•	·	•
Certified Copies Certificates of Status		oument Number	
	(50	oument rumber,	
	A PE IA 3	ر مود مع	
Special Instructions to Filing Officer:	Certified Copies	Centificates	of Status
Special Instructions to Filing Officer:			
	Special Instructions to	Filing Officer.	

Office Use Only



500034966555

05/05/04--01005--011 **35.00

OL MAY - L AM 7: L

C. Coulliste MAY 1 1 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations Disolution of Corporation P01000063197 DOCUMENT NUMBER: _ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: J. Antonio LeBlanc (Name of Person) Caribbean Breeze Grill Corporation (Name of Firm/Company) PO Box 670732 (Address) Coral Springs, Florida 33063 (City/State/and Zip Code) For further information concerning this matter, please call: J. Antonio LeBlanc - President (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: \$35 Filing Fee \$\Bigsim \$43.75 Filing Fee & \Bigsim \$43.75 Filing Fee & \Bigsim \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section

PAID # 165

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Department of State:
	Caribbean Breeze Grill Corporation
SECOND:	The document number of the corporation (if known): P01000063197
THIRD:	The date dissolution was authorized: April 2nd, 2004
	Effective date of dissolution if applicable: May 1st, 2004 (no more than 90 days after dissolution file date)
FOURTH:	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 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 \$
	Antonio and Sarah Leblanc
	(voting group)
	Signed this 29 day of April 2004
Signat	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	J. Antonio LeBlanc (Typed or printed name of person signing)
	President
	(Tide of person signing)

Filing Fee: \$35