

PD3000035777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

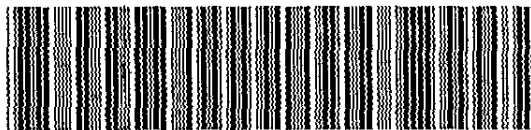
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300039816253

08/09/04--01034--017 **35.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04 AUG 23 PM 3:13

FILED

File
1203-35777
75 8/23/04
L.S.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 17, 2004

NANCY M SABATELA
CARITAS ALEGRES, INC.
15280 SW 297 ST
LEISURE CITY, FL 33033

SUBJECT: CARITAS ALEGRES, INC.
Ref. Number: P03000035777

We have received your document for CARITAS ALEGRES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

Please state the name and capacity of the individual signing.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 304A00050434

RECEIVED
04 AUG 23 AM 8:02
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P03000035777

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy M Sabatela
(Name of Person)

CARITAS ALEGRES, INC
(Name of Firm/Company)

15280 SW 277 ST
(Address)

LEISURE CITY FL 33093
(City/State/and Zip Code)

For further information concerning this matter, please call:

Nancy M Sabatela at (305) 245-0633
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

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

FILED
AUG 23 PM 3:13
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Department of State:

CARITAS ALEGRES, INC.

SECOND: The document number of the corporation (if known):

PO 3000035

THIRD: The date dissolution was authorized:

8/6/04

Effective date of dissolution if applicable: 8/6/04
(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

Raul S Avila Charles Bringer Espemora Bringer
(voting group)

Signed this 08 day of 06 2004.

Signature: [Signature]
(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)

Nancy M Sabatek
(Typed or printed name of person signing)

President of corporation
(Title of person signing)