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COVER LETTER

TO: Amendment Section				
Division of Corporations				
SUBJECT: Dissolution of Corportation				
DOCUMENT NUMBER: P03000048891				
The enclosed Articles of Dissolution and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
Joseph Diglio				
				
(Name of Contact	Person)			
Joseph, Diglio, P.A.				
(Firm/Compa	iny)			
19333 Collins Avenue, Apt 1402	·			
(Address)				
(Audiess)				
Miami, FL 33160				
(City/State and Z	in Code)			
(Orty/Date and 2.	p code)			
For further information concerning this matter, plea	se call:			
}	AA Amstr			
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Donald D Wilson Jr.	(305) 670-0267			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
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Enclosed is a check for the following amount:				
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	enclosed)			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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 Florida Department of State:			
	Joseph, Diglio, P.A.			
SECOND:	The document number of the corporation (if known): P03000048891			
THIRD:	The date dissolution was authorized: December 27th, 2005			
	Effective date of dissolution <u>if applicable</u> : December 27th, 2005 (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			
	The 100% Shareholders			
	(voting group)			
	Signature: (By a director, president or other officer-if director or officers have not been selected, by an incorporator - if in the hands of a receiver, trusted, by other court appointed fiduciary, by that fiduciary)			
	Joseph Diglio			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution as provided in s. 607.1407, F.S.	ation of payment of unknown claims
This "Notice of Corporate Dissolution" is optional and is not required when	filing a voluntary dissolution.
Name of Corporation: Joseph, Diglio, P.A.	
Date of dissolution will be the date the dissolution is filed with the Departme specified in the Articles of Dissolution.	ent of State or as
Description of information that must be included in a claim:	
A detailed invoice listing the goods sold or ser	vices provided
with proof of delivery on any goods delivered or a	signed work
order for any services rendered.	
Mailing address where claims can be sent: (Claims cannot be sent to the Divi	ision of Corporations)
19333 Collins Avenue, Apt 1402	
Miami, FL 33160	
A claim against the above named corporation will be barred unless a proceed within 4 years after the filing of this notice.	ling to enforce the claim is commenced
Joseph Diglio	sum satio.
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00