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SECRETARY OF STATE TALLAHASSEE, FLORIDA

דורבט

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION	N (FILED 05/15/07)
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
JULIA BRUNETTO	
(Name of Contact Person)	
BE VIRTUAL EXPO, INC.	
(Firm/Company)	
1615 NW 58TH TERRACE	
(Address)	•
SUNRISE, FL 33313-4722	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JULIA BRUNETTO at (954	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\sum \$\\$43.75 Filing Fee & \$\sum \$\\$43.75 Filing Certified Copy (Additional copenclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	BE VIRTUAL EXPO, INC.
SECOND:	The document number of the corporation (if known): P0400053826
THIRD:	The file date of the articles of incorporation: 03/36/2004
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business. No debt of the corporation remains unpaid.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: Manual
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	JULIA BRUNETTO (Typed or printed name of person signing)
	DPS (Citle of Person Signing)

Filing Fee: \$35