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OG MAY -4 AM ID: 35
SECRETARY OF STATE
FALLAHASSEE FI ORINA



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DISOLUTION			
DOCUMENT NUMBER:			
The enclosed Articles of Dissolution and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
ONICA COPCIDUA (Name of Contact Per	rson)		
(Firm/Company			
7210 GREVILLA (Address)	AUE'S		
(Address)			
S PASADENA FL, 33707 (City/State and Zip Code)			
(City/State and Zip (Code)		
For further information concerning this matter, please	call:		
10NICA CORCIOVA at (Name of Contact Person)	727) 688 6184		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs	Certificate of Status & Certified Copy		
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 Departme	nt of State:
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation: 5/5/2004	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been disto the shareholders, if shares were issued.	06 SE(
SEVENTH:	Adoption of Dissolution (CHECK ONE)	器工
	A majority of the incorporators authorized the dissolution.	WAY -4 AM ID: CRETARY OF STA AHASSEE FLOR
	A majority of the directors authorized the dissolution.	TARY OF STATE ASSEE FLORIDA
Sign	nature: Corcer	
	(By a director, president or other officer - if directors or officers have not been selected, by as in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	1 incorporator - if
	IONICA CORCIONA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35