POH0000156623

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COVER LETTER

Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P0400001566	23
The enclosed Articles of Dissolution and fee are	
Please return all correspondence concerning this	matter to the following:
ANGELA DICRESCENZO	
(Name of Conta	ct Person)
QTA ASSOCIATES INC	
(Firm/Con	ipany)
665 SE 10TH STREET #201	
(Address	3)
DEERFIELD BEACH, FL 33441	
(City/State and	Zip Code)
For further information concerning this matter, p	lease call:
	at (954) 571-4090
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce (Ac	3.75 Filing Fee & \$\Bigcup \$\$52.50 Filing Fee, rtified 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 607.1403, 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:
	CDK SALES INC.
	ODIT SALLS ING.
SECOND:	The document number of the corporation (if known): P04000156623
THIRD:	The date dissolution was authorized: 12/31/2004
	Effective date of dissolution if applicable: 12/31/2004 (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 entitle to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	(Voting group)
;	Signature: _ Clu Constant
	(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)
	CHRISTOPHER KUJAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signine)

Filing Fee: \$35