PDSDDD25800

(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



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Ú4/27/05--01030--003 **35.00



75 4/27/05 DISS Fe V Tan
215 16th Avenue South
JacksonvilleBeach, Florida 32233
904 651 8114

April 20,2005

To Pamela Smith,

Attached is the request for the dissolution of my company First Trust Capital Inc and the 35.00 fee and request to amend the name Global Sales Enterprises Inc to first Trust Capital Inc, the 35.00 fee was already mailed to you on together with my initial request for amendment.

Thank you

Sincerely

Fe Tan

COVER LETTER

TO: Amendment Section Division of Corporations
DISSALUTION Corporation DOCUMENT NUMBER: POS 0000 25800
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fe Tan (Name of Person)
(Name of Person)
215 16-th Ave S.
215 16th Ave S. JAX BUH FC 32250
(City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 657 8114 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

Tallahassee, Florida 32399

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:
	FIRST TRUST CAPITAL, FNC.
SECOND:	The document number of the corporation (if known): POSOOO 2580Q.
THIRD:	The file date the articles of incorporation: 2/10/05
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 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.
Si	gned this
Signa	ature: (By a director, president or other officer - indirectors 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.)
	(Typed or printed name of person signing)
	OWNER / PNESIDENT
	(Title of person signifig)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	FIRST	TRUST	MPITAL	INC	
Date of dissolution will be specified in the Articles of		lution is filed with	the Department of S	tate or as	
Description of information	that must be inclu	ıded in a claim:			
W	}~l ·				
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	···				
		 			
	<u></u> -	<u>,</u>			
					-
Mailing address where clai	ms can be sent: (C	Claims cannot be s	ent to the Division of	Corporations)	
ä	215 16+	4 AVE	25.		
	JAX BUH	FC 3	250		 .
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					•
A claim against the above r within 4 years after the filir		will be barred un	less a proceeding to e	enforce the claim is	commenced
F	c TANV		7	c }/	
Printed Na	ne of the Person Filin	g	Signatur	e of the Person Filing	

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