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SECRETARY OF STATE DIVISION OF CORPORATIONS

AMD 135 10, 3.18.08

COVER LETTER

. TO: Amendment Section

Division of Corporations	
SUBJECT: ARTICLES OF DISSOLU	480
DOCUMENT NUMBER: PO50006	,4743
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
Jose Y. Rami	res
(Name of Contact Person)	
Sign 1 inc 4859 NW 72 (Firm/Company)	Ave.
(Firm/Company)	
(Address)	· · · · · · · · · · · · · · · · · · ·
miami, Fl 33166	e
(City/State and Zip Code	
For further information concerning this matter, please call:	
	399-1170 a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Certified Cop (Additional control enclosed)	py 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:

-	SIGNINC.	
	570000000000000000000000000000000000000	
SECOND: Th	he document number of the corporation (if known): 7050006474	3
THIRD: Th	he file date of the articles of incorporation: May 03, 2005	n.
FOURTH: (C	CHECK AT LEAST ONE BOX)	-
	None of the corporation's shares have been issued.	5
	The corporation has not commenced business.	DAFEB 15 PH C
FIFTH: No	o debt of the corporation remains unpaid.	5
	the shareholders, if shares were issued.	bH C. 0
SEVENTH:	Adoption of Dissolution (CHECK ONE)	,
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signatur	re: (By a direct. Bresident or other officer - if directors or officers have not been selected, by an incorporator in the handsplanted a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing) Resident	- if

Filing Fee: \$35