(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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diss with

08/08/06--01065--002 **35.00____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF	CORPORAT	ION
20500		
DOCUMENT NUMBER: P0500	00/1019	
The enclosed Articles of Dissolution	and fee are submitt	ed for filing.
Please return all correspondence conce	erning this matter to	o the following:
JUAN CARLOS SANABRIA		
(Nan	ne of Contact Perso	n)
2 VISUALIZE INC.		
	(Firm/Company)	
6180 SEVEN SPRING BLVI	D	
	(Address)	
GREENACRES F	LORIDA	33463
(Cit	y/State and Zip Co	de)
For further information concerning thi	is matter, please cal	1:
JUAN CARLOS SANABRIA	at (56	51 502-7470
(Name of Contact Person)		rea Code & Daytime Telephone Number)
Enclosed is a check for the following	amount:	
▼\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta		Copy 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 DIVISION OF CORPORATIONS

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:		
	2 VISUALIZE, INC.		
SECOND:	The document number of the corporation (if known): P05000071019		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (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 the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	1		
	(voting group)		
	Signature: Man Green Canady 16. (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)		
	JUAN CARLOS SANABRIA		
	(Typed or printed name of person signing)		
	OWNER - Pres		
	(Title of person signing)		

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: 2 VISUALIZE, INC. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6180 SEVEN SPRING BLVD **FLORIDA GREENACRES** A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. JUAN CARLOS SANABRIA Printed Name of the Person Filing

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