105000081286

(R€	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	}
Certified Copies	_ Certificates	s of Status
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09/26/06--01073--013 **35.00

VO/ DAT



T. Roberts SEP 28 2006

COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: P05000081286	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARTHA Y RUBIO	
(Name of Contact Person)	-#-
CAPRICHOS BEAUTY SALON, INC	
(Firm/Company)	
1306 N UNIVERSITY DRIVE	
(Address)	
CORAL SPRINGS, FL 33071	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARTHA Y RUBIO at (954) 682-5256	-
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	-
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is	

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

enclosed)

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	CAPRICHOS BEAUTY SALON, INC .
SECOND:	The document number of the corporation (if known): P05000081286
THIRD:	The date dissolution was authorized: 6/1/2006
	Effective date of dissolution if applicable: 9/15/2006 (no more than 90 days after dissolution file that)
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
	ADRIAN F RUBIO & MARTHA Y RUBIO (voting group)
	Signature: (By a director, president dr other officer-il 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)
	MARTHA Y RUBIO
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(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: CAPRICHOS BEAUTY SALON, 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)
IF ANY CLAIM PLEASE SEND IT TO:
ADRIAN & MARTHA RUBIO
100 E PALM DRIVE
MARGATE, FL 33063
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.
MARTHA Y RUBIO
Printed Name of the Person Filing Signature of the Person Filing

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