

PD5000084301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

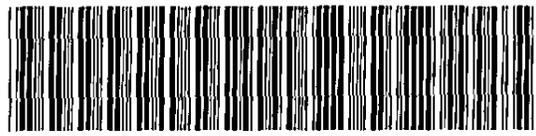
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/21/05--01004--305 * 85 70

*Verdis
T. Lewis*

FILED
05 OCT 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quiroz Investment, Inc

DOCUMENT NUMBER: P05000084301

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norma Quiroz
(Name of Contact Person)

Quiroz Investment, Inc
(Firm/Company)

3114 Pinto Dr.
(Address)

Kissimmee, Fl 34746
(City/State and Zip Code)

For further information concerning this matter, please call:

Norma Quiroz at (407) 460-7874
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

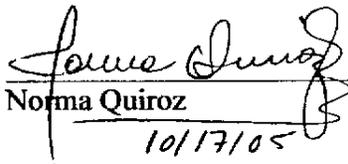
September 26, 2005-09-26

To Whom It May Concern

My name is Norma Quiroz; the present letter is to request the cancellation of the corporation of Quiroz Investment Inc. I receive a confirmation number of an employment Identification number for a corporation that I never requester, applied or sign for. Please cancel it as soon as possible. Please find attached a copy of confirmation of the EI Number. I don't know who is using my name and address to do this and I don't what to be involve an any thing row with the government or any body else.

I am sending a resignation letter and a money order for the amount of \$ 35.00. Please if you have any question please call me at 407-460-7874 I do not speak English much.

Thank you for your cooperation in this matter.


Norma Quiroz
10/17/05



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

005447.185/98.0025.001 2 MB 0.534 1162



Date of this notice: 06-23-200

Employer Identification Number:
20-2981382

Form: SS-4

Number of this notice: CP 575

For assistance you may call us
1-800-829-4933

QUIROZ INVESTMENT INC
3114 PINTO DR
KISSIMMEE FL 34746

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-2981382. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

03/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)

005447



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: Quitroz Investment, Inc

SECOND:

The document number of the corporation (if known): P05000084301

THIRD:

The file date the articles of incorporation: 06/13/2005

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.

Signature:

Norma Quitroz
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator, receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

President

(Title of Person Signing)

Filing Fee: \$35

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Quiroz Investment, Inc

SECOND: The document number of the corporation (if known): P05000084301

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FOURTH: (CHECK AT LEAST ONE BOX)

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The corporation has not commenced business.

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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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: _____
(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.)

Norma Quiroz
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35