P05000165589

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Latino Labor, Inc.	- Lines
DOCUMENT NUMBER: P05000165589	
The enclosed Articles of Dissolution and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Monica Luna	
(Name of Contact	Person)
Latino Labor, Inc.	
(Firm/Compa	any)
3613 S Military Trail Suite F	
(Address)	
Lake Worth, Florida 33463	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
	(909) 717-9866
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
*	Latino Labor, Inc.		
SECOND:	The document number of the corporation (if known): P05000165589		
THIRD:	The file date of the articles of incorporation: 12 14 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.		
	The net assets of the corporation remaining after winding up have been distributed of the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE)		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Signat	ure:		
	(By a director, provident 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.)		
	MONICA LUNA (Typed or printed name of person signing)		
	President (Title of Person Signing)		

Filing Fee: \$35