P07000058625

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SECRETARY OF STATE ALLAHASSEE. FLORID.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT:
DOCUMENT NUMBER: P07000058625
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARGARITA MONCADA
(Name of Contact Person)
EXECUTIVE BUSINESS FORMATION COMPANY (Firm/Company)
4118 NW 88th are. apt. 103 (Address)
(Address)
CORAL SPRINGS, FL. 33065-1877
(City/State and Zip Code)
For further information concerning this matter, please call:
MARCARITA MONCADA at (954) 446-3581
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, \$\sum \$\cent{Certificate of Status}\$ Certified Copy (Additional copy is enclosed) \$\sum \$35 Filing Fee & \$\sum \$
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Division of Corporations Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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:
	EXECUTIVE BUSINESS FORMATION COMPANY
SECOND:	The document number of the corporation (if known): Po 70000 58625
THIRD:	The file date the articles of incorporation: 5/16/07
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.
	OF STATE FLORI
	ORID.
Signa	(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.)
	MARGARITA MONCADA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35