**43.75

(Requestor's Name) (Address)	100131065041
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/11/0801012024 **43
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECRETARY OF STATE TALLAHASSEE, FLORIDA

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V1308

EL CARIBE SUPERMARKET, INÇ.



P. O. BOX 1968, LAKELAND, FLORIDA 33802-1968, Ph (863) 738-5938

Cover Letter

To: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, Fl 32314

Subject: Corporation Dissolution

Document Number: P07000104717

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

Please return all correspondence concerning this matter to the following:

Luis A. Giudicelli

P.O. Box 1968

Lakeland, FI 33802-1968

For further information concerning this matter, please call:

Luis A. Giudicelli, at (863) 738-5938

Enclosed is a check for the following amount: \$43.75 Filing Fee & Certificate of Status.

Luis A. Giudicelli Person Filing

EL CARIBE SUPERMARKET, INC.



P. O. BOX 1968, LAKELAND, FLORIDA 33802-1968, Ph (863) 738-5938

ARTICLES OF DISSOLUTION

CALLASSEE OF STATE OF THE BEAUTY OF THE BEAU 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: El Caribe Supermarket, Inc.

SECOND:

The document number of the corporation: P07000104717.

THIRD:

The file date of the articles of incorporation: September 20, 2007.

FOURTH:

The date dissolution was authorized: May 20, 2008.

FIFTH:

Adoption of Dissolution was approved by the shareholders. The number of votes

cast for dissolution was sufficient for approval.

Signature:

Luis A. Giudicelli

President

EL CARIBE SUPERMARKET, INC.



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 filling a voluntary dissolution.

Name of corporation: EL CARIBE SUPERMARKET, INC.

Date of dissolution will be the date dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in claim:

Name of Claiming Company/Individual
Address of Company/Individual
Contact name and phone number
Account Number
Claim Description

Mailing address where claims can be sent:

Attn. Luis A. Giudicelli P.O. Box 1968 Lakeland, Fl 33802

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.

Luis A. Giudicelli
Printing Name of the Person Filing

Signature of the Person Filing