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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(500411101111111111111111111111111111111
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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BUSINESS MASTERS, INC. 1800 WEST 49 STREET, # 117 HIALEAH, FL 33012

PHONE No: (305) 827-8117 (305) 827-0145 FAX NO:

December 23, 2003

Florida Dept. of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Articles of Dissolution for Business Masters, Inc. with FID # 65-0471267, effective 12/23/03.

We are sending a check for \$52.50 to cover filing fee for the articles of dissolution, certified copies and a certificate of status.

Very truly yours,

BUSINESS MASTERS, INC.

no Martinez,

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, this Florida profit corporation submits the ticles of dissolution:
FIRST:	The name of the corporation is: BUSINESS MASTERS, NC.
SECOND:	The date dissolution was authorized: DEC, \$3, 2003
THIRD:	Adoption of Dissolution (CHECK ONE)
was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
Sig Signature	(voting group) ned this 23 day of DECEMBER 5003 (By the Chairman or Vice Chairman of the Board, President, or other officer) (Typed or printed name)
	(