

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118773

FILED
Apr 28, 2004
Secretary of State

Entity Name: ABRIKA PHARMACEUTICALS, INC.

Current Principal Place of Business:

13800 NW 2ND ST., STE 190
FORT LAUDERDALE, FL 33325

New Principal Place of Business:

13800 NW 2ND STREET
SUITE 190
SUNRISE, FL 33325

Current Mailing Address:

13800 NW 2ND ST., STE 190
FORT LAUDERDALE, FL 33325

New Mailing Address:

13800 NW 2ND STREET
SUITE 190
SUNRISE, FL 33325

FEI Number: 03-0375000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACRAC, INC.
3320 FAIRFIELD LANE
WESTON, FL 33331

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, ALAN P
Address: 3320 FAIRFIELD LN
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN P COHEN

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date