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Division of Corporations Public Access System

Electronic Filing Cover Sheet

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(((H060001416163)))

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Division of Corporations

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Account Name : COMITER & SINGER, LLP

Account Number : I20000000085

Phone

(561) 625-4742

Pax Number

: (561)626-4742

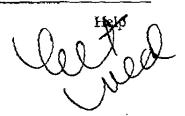
DISSOLUTION OR WITHDRAWAL

ABRIKA PHARMACEUTICALS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01.
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Tallahassee, FL 32314

Attn: Brenda Tadlock

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ABRIKA Pharmaceuticals, Ne (Horida)
DOCUMENT NUMBER: <u>P01000118773</u>
The enclosed Articles of Dissolution and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Seatt Lodin
(Name of Contact Person) ABRIKA THE SMALLEUTS CALS, Low Delaware) (Virm/Company)
(Firm/Company) 1 3800 NW 2 Durte 190
13800 NW 25 Ave Swite 190 (Address) Swite 190 (City/State and Zip Code)
For further information concerning this matter, please call:
Cott Lobin at (44') 315-6542 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is calcased) (Additional copy is calcased)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Attn: Brenda Tadlock



May 24, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ABRIKA PHARMACBUTICALS, INC. 13800 NW 2ND STREET SUITE 190 SUNRISE, FL 33325

SUBJECT: ABRIKA PHARMACEUTICALS, INC.

REF: P01000118773

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Document Specialist FAX Aud. #: H06000141616 Letter Number: 006A000363B8

H06000141616

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: ABRIKA Thas maceuticals / we.
SECOND:	The document number of the corporation (if known): Poloboll877.3
THIRD:	The file date of the articles of incorporation: 12/14/01
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.
SEVENTII:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	(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 allor court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	President and Director

Filing Fee: \$35

H06000141616

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown cagainst this corporation as provided in s. 607.1407, F.S.	laims	
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.		
Name of Corporation: Abrika Pharmaceuticas, Inc		
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.		
Description of information that must be included in a claim;		
All evidence supporting the claim's validity.	06 1	JIVIS.
	06 MAY 23	ON OF CO
	٠ ١	PORATIONS
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	on:	T.
Scott Login		
HDOLO Phormaceuticals, Loc.		

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.

Printed Name of the Porson Filling

Signature of the Person Filing