

PD4000087887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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05 SEP 12 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/12/05--111056--025 \*\*35.00

*JB  
9/14*

Dear Sir or Madam at the  
Division of Corporations, Florida  
Department of State

From New Re-creations, Inc.  
my business, that need to be  
dissolved.

My name is Elena TARGA  
my new address is:  
6844 HARDING AVE #12  
Miami Beach, FL 33141  
phone: 305-668-7444

FEI # 753157696

I no longer can or wish  
to conduct my business,  
I became very ill & weak.  
Please, help me to close  
my business. God bless you

E Targa  
1/3/05

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:

New-Pre-Creations, Inc.

SECOND: The document number of the corporation (if known): 004000087887

THIRD: The file date the articles of incorporation: 09/07/2004

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.

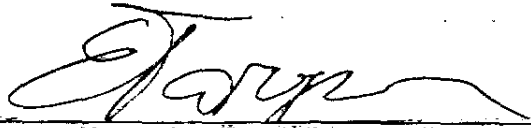
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

- A majority of the incorporators authorized the dissolution.
- A majority of the directors authorized the dissolution.

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Signature:



(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.)

ELENA TARYN  
(Typed or printed name of person signing)

President  
(Title of Person Signing)

Filing Fee: \$35