

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64236

Entity Name: SUPREMA, INC.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

7900 GLADES RAOD
STE 320
BOCA RATON, FL 334344104 US

New Principal Place of Business:

Current Mailing Address:

7900 GLADES RAOD
STE 320
BOCA RATON, FL 334344104 US

New Mailing Address:

FEI Number: 65-0100635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, HAROLD B
7900 GLADES ROAD
SUITE 320
BOCA RATON, FL 334344104 US

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: DP () Delete
Name: JACOBSON, HAROLD B
Address: 7900 GLADES RD STE 320
City-St-Zip: BOCA RATON, FL 334344104 US

Title: VP () Delete
Name: JACOBSON, RALPH
Address: 3030 HAMPTON PLACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: DAST () Delete
Name: JACOBSON, BEATRIZ R
Address: 7900 GLADES ROAD STE 320
City-St-Zip: BOCA RATON, FL 33434 US

Title: D () Delete
Name: KOOLIK, TANIA
Address: 7900 GLADES RD STE 320
City-St-Zip: BOCA RATON, FL 334344104 US

Title: ST () Delete
Name: KOOLIK, GARY R
Address: 7900 GLADES ROAD STE 320
City-St-Zip: BOCA RATON, FL 334344104 US

Title: D () Delete
Name: JACOBSON, DAVID A M.D.
Address: 7900 GLADES ROAD SUITE 320
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: JACOBSON, RALPH
Address: 7900 GLADES ROAD, SUITE 320
City-St-Zip: BOCA RATON, FL 334344104 US

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

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

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

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 Chapter 119, 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: HAROLD B JACOBSON

DP

03/02/2006

Electronic Signature of Signing Officer or Director

_____ Date