

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64236

Entity Name: SUPREMA, INC.

FILED  
Apr 17, 2007  
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: 7900 GLADES ROAD, SUITE 320  
City-St-Zip: BOCA RATON, FL 334344104 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: ( ) 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:

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

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date