

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64236

Entity Name: SUPREMA, INC.

FILED
Apr 14, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HAROLD B. JACOBSON

DP

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date