2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M67224

SUPRA MANAGEMENT COMPANY, INC.



Principal Place of Business

% PHILIP A. DISQUE 707 S.E. 3RD AVE., SUITE 400 FT. LAUDERDALE, FL 33316-1155 US Mailing Address

% PHILIP A. DISQUE 707 S.E. 3RD AVE., SUITE 400 FT. LAUDERDALE, FL 33316-1155 US

FILED Jan 20, 2004 708:00 AM Secretary of State



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0037805

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DISQUE, PHILIP A. 707 S.E. 3RD AVE. SUITE 400

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP

FT. LAUDERDALE, FL 33316			IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered Ag	ent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DISQUE, PHILIP A. 707 S.E. 3RD AVE., SUITE 400 FT. LAUDERDALE, FL						
TITLE NAME STREET ADDRESS GITY-ST-ZIP					U00000001075 01/20/04-80008-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an appear with an address, with all other like empowered.

SIGNATURE

(954)764-4 500