


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 024 ***150.00

DOCUMENT # F96000004478

1. Entity Name
TARPON POWER, INC.



Principal Place of Business
C/O SITHE ENERGIES, INC
335 MADISON AVE, 28TH FL
NEW YORK, NY 10017

Mailing Address
C/O SITHE ENERGIES, INC
335 MADISON AVE, 28TH FL
NEW YORK, NY 10017

44028221

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03292004 Chg-P CR2E034 (10/03)

4. FEI Number
13-3905722 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required



6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> Delete
NAME	MANILLA, SANDRA J	
STREET ADDRESS	335 MADISON AVE, 28TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSENBERG, MARTIN B	
STREET ADDRESS	335 MADISON AVE, 28TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOEHLERT, THOMAS	
STREET ADDRESS	335 MADISON AVE, 28TH FL	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARK, HYUN	
STREET ADDRESS	335 MADISON AVE, 28TH FL	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darren Olaques	
STREET ADDRESS	335 Madison Ave., 28th FL.	
CITY-ST-ZIP	New York, NY 10017	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce J. Wrobel	
STREET ADDRESS	335 Madison Ave., 28th FL.	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE:  Hyun Park, Secretary 4/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #