


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099464
 1. Entity Name
COGENERATION MANAGEMENT COMPANY



Principal Place of Business
**ONE NORTH CLEMATIS ST, SUITE 200
 WEST PALM BEACH, FL 33401**

Mailing Address
**ONE NORTH CLEMATIS ST, SUITE 200
 WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1149857** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**TABERNILLA, ARMANDO A
 ONE NORTH CLEMATIS ST, SUITE 200
 WEST PALM BEACH, FL 33401**

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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

U00000124937
 04/22/04-80055-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARSON, DONALD W ONE NORTH CLEMATIS ST #200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CEPERO, GUSTAVO R ONE NORTH CLEMATIS ST #200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FERNANDEZ, LUIS J ONE NORTH CLEMATIS ST #200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RYAN, ALLAN A IV ONE NORTH CLEMATIS ST #200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS BLOMQUIST, ERIK J ONE NORTH CLEMATIS ST #200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FANJUL, ANDRES B ONE NORTH CLEMATIS ST #200 WEST PALM BEACH, FL 33401

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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: *Erik J. Blomquist* **Erik J. Blomquist, Assistant Secretary** Date **3/22/04** Day/Time Phone # **561-655-6303**