

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90093 041 ***150.00

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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**

20028634



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
 IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donald W. Carson **Donald W. Carson, President** 4/7/2006 **561-655-6303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #