


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 021 ***150.00

DOCUMENT # P00000072357	
1. Entity Name DIEMECH TURBINES, INC.	

Principal Place of Business 1200 FLIGHTLINE BLVD STE 3 DELAND, FL 32724	Mailing Address 1200 FLIGHTLINE BLVD STE 3 DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3664905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEDATA, MARTIN A 1200 FLIGHTLINE BLVD STE 3 DELAND, FL 32724	115 E Indiana Ave
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**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 Martin A. Pedata DATE 01/26/04

(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKINOGENIS, DIAMANDI J 1200 FLIGHTLINE BLVD STE 3 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKINOGENIS, SUSANNA J 1200 FLIGHTLINE BLVD STE 3 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, ANTOINE 1200 FLIGHTLINE BLVD STE 3 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: SS. Cokinozenis DATE 01/14/2004 DAYTIME PHONE # 386-736-4169

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)