

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-12-2006 90093 041 ***150.00

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 BLOMQVIST, 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

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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, President

Date

4/7/2006

Daytime Phone #

561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR