


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F85096
 1. Entity Name
APPLIED TECHNOLOGY ASSOCIATES, INC.



Principal Place of Business: **411 NW 97TH LANE CORAL SPRINGS, FL 33071**
 Mailing Address: **411 NW 97TH LANE CORAL SPRINGS, FL 33071 US**

DO NOT WRITE IN THIS SPACE



03272005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-2203506** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAVALLERI, ROBERT J
411 NW 97TH LANE
CORAL SPRINGS, FL 33071

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAVALLERI, ROBERT J
STREET ADDRESS	411 NW 97TH LANE
CITY ST ZIP	CORAL SPRINGS, FL 33071
TITLE	VST
NAME	CAVALLERI, MARICHU A
STREET ADDRESS	411 NW 97TH LANE
CITY ST ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000319346
 04/20/05-80096-005 150.00

DO NOT WRITE 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)(c) Florida Statutes. I further certify that the information indicated on this report or supplementary 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 officer 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: Marichu A Cavalleri - 4/14/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR