2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# P01000115112

Entity Name: APPLIED FINANCIAL CORP.

Current Principal Place of Business:

3801 N UNIV. DR. SUITE 314
SUNRISE, FL 33351

New Principal Place of Business:

3801 N UNIV. DR.
SUITE 315
SUNRISE, FL 33351

Current Mailing Address:

3801 N UNIV. DR. SUITE 314
SUNRISE, FL 33351

New Mailing Address:

3801 N UNIV. DR.
SUITE 315
SUNRISE, FL 33351

FEI Number: 65-1157213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZUBAIR, MOHAMMAD
4444 N.W 92 WAY
SUNRISE, FL 33351

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZUBAIR, MOHAMMAD
Address: 4444 N.W 92 WAY
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Delete
Name: KHAN, NASIR
Address: 2151 N.W 188 TER
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMAD ZUBAIR P 03/05/2004

Electronic Signature of Signing Officer or Director — Date