

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90368 026 \*\*\*150.00

**DOCUMENT # 690883**

1. Entity Name  
APPLIED RESEARCH, INC.



Principal Place of Business  
7367 DAVIE ROAD EXT.  
HOLLYWOOD, FL 33024-2421

Mailing Address  
7367 DAVIE ROAD EXT.  
HOLLYWOOD, FL 33024-2421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2102810

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARAFAN, RICHARD  
C/O RICHARDS & RICHARDS  
825 S. BAYSHORE DR.  
MIAMI, FL 33131

Name Sarafan, Richard  
Street Address (P.O. Box Number is Not Acceptable)  
90 Genovese Salvatore Battista  
100 SE 2nd St. FL 36  
City Miami FL Zip Code 33131-2158

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME RYAN, MICHAEL F.  
STREET ADDRESS 6831 SW 9TH ST  
CITY-ST-ZIP PEMBROKE PINES, FL 00000

TITLE VT  
NAME GOLDBERG, ROBERT J  
STREET ADDRESS 3208 SW 175TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Michael F. Ryan 4/30/04 954-432-3500  
Signature and typed or printed name of signing officer or director Date Daytime Phone #