


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # F85096</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03272005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2203506	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  CAVALLERI, ROBERT J 411 NW 97TH LANE CORAL SPRINGS, FL 33071	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature of officer or director of corporation and the State of Florida. If the registered agent is a corporation, the signature of the registered agent must be provided.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	P CAVALLERI, ROBERT J 411 NW 97TH LANE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY ST ZIP	VST CAVALLERI, MARICHU A 411 NW 97TH LANE CORAL SPRINGS, FL 33071
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 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