

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070048

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: APPLICATIONS NETWORK, INC.

**Current Principal Place of Business:**

5850 LAKEHURST DRIVE  
SUITE 150-21  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5850 LAKEHURST DRIVE  
SUITE 150-21  
ORLANDO, FL 32819

**New Mailing Address:**

PO BOX 691236  
ORLANDO, FL 32869

FEI Number: 59-3659685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**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: PD ( ) Delete  
Name: PINTO, CESAR  
Address: 7740 HIGH PINE ROAD  
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Delete  
Name: PINTO, RODRIGO  
Address: 7740 HIGH PINE ROAD  
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Delete  
Name: PINTO, TATIANA  
Address: 7740 HIGH PINE ROAD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: CESAR PINTO

PD

04/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date