

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107308

FILED
Apr 26, 2004
Secretary of State

Entity Name: APPLIED NETWORK TECHNOLOGIES INC.

Current Principal Place of Business:

11810 NW 14 CT
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 260481
PEMBROKE PINES, FL 330267481 US

New Mailing Address:

FEI Number: 20-0411399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, RAFAEL C
11810 NW 14 CT
PEMBROKE PINES, FL 33026 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: P () Delete
Name: VALDES, RAFAEL C
Address: 11810 NW 14 CT
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP () Delete
Name: KITCHEN, REBECCA
Address: 739 BLUE BIRD DRIVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: OFC () Delete
Name: JACKSON, BRUCE
Address: 1731 SE 15 ST #301
City-St-Zip: FT LAUDERDALE, FL 33316 US

Title: OFC () Delete
Name: EASEY, GRAHAM
Address: 2333 NW 195 AVE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: OFC () Delete
Name: DIAZ, ANGEL O
Address: 2010 TAYLOR ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

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:

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: RAFAEL VALDES

P

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date