2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR): 🔝

SIGNATURE:

May 27, 2004 8:00 am Secretary of State DOCUMENT # F03000003458 04-30-2004 90250 031 ***150.00 1. Entity Name AUTUMN PINES MANAGEMENT, INC. Principal Place of Business Mailing Address CUCEAPOO 3250 MARY STREET, SUITE 306 3250 MARY STREET, SUITE 306 MIAM) FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Not Applicable Ζiρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEINFURTH, PAUL C Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET, SUITE 306 MIAMI FL 33133 FL 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 agont and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS MLE Delete TITLE Change STEINFURTH, PAUL C MAME MALAF STREET ADDRESS 3250 MARY STREET, SUITE 306 STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TIME ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete mu ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TILE ☐ Change NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 mame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AUD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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