FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91521 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023034

10090268

1. Entity Name
AUTUMN FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
2700 NE 51 STREET FT. LAUDERDALE, FL 33308	2700 NE 51 STREET FT. LAUDERDALE, FL 33308

2. Principal Place of Business	3. Mailing Address
2700 NE 51 ST	2700 NE 51 ST
Suite, Apt. #, etc. #110	Suite, Apt. #, etc. 110
City & State FT Laud FL	City & State FT Laud FL
Zip 33308 Country Broward	Zip 33308 Country Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 73037636 ☐ Applied For ☐ Not Applicable

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

Address Change Only

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIEDENHARN, KIMBERLY S 601 NW 77TH AVE., BLDG. 45#202 MARGATE, FL 33073	Name: Kimberly S. Biedenharn Street Address (P.O. Box Number is Not Acceptable): 2700 NE 51 ST #110 City: FT Laud FL Zip Code: 33308

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] 4/24/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIEDENHARN, KIMBERLY S 601 NW 77TH AVE., BLDG. 45#202 MARGATE, FL 33073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BIEDENHARN, KIMBERLY S 601 NW 77TH AVE., BLDG. 45#202 MARGATE, FL 33073	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/24/03 954-610-8313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #