

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90005 032 ***150.00

DOCUMENT # P03000084118 1. Entry Name EUSTON FINANCE, INC.			
Principal Place of Business 1060 SYBSET STRIP STE A SUNRISE FL 33113		Mailing Address 1060 SYBSET STRIP STE A SUNRISE FL 33113	
2. Principal Place of Business 6835 Sunset Strip Suite, Apt. #, etc.		3. Mailing Address 6835 SUNSET Strip Suite, Apt. #, etc.	
City & State SUNRISE FL		City & State SUNRISE FL	
Zip 33313		Zip 33313	
Country US		Country US	
4. FEI Number 432022954		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KODJO, MARCEL M 7433 NW 49 COURT LAUDERHILL FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registering Agents signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 KODJO, MARCEL M 7433 NW 49 COURT LAUDERHILL FL 33319	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 954 727 260	



**EUSTON
FINANCE**

6835 Sunset Strip Tel: 954-727-2608
Sunrise, FL 33313 Fax: 954-727-2609

LICENSED CORRESPONDENT LENDER

ATTACHMENT

50058319

#PUB 00008418

06/29/2005

Our services:

MORTGAGE

- First Time Buyer
- Purchase
- Refinance
- Second Home
- Equity Line

INSURANCE

- Home
- Auto
- Life
- Health
- Commercial

INVESTMENT

- Securities
- Annuities
- Roth IRA
- Financial Planning
- Credit Counseling

REAL ESTATE

- MLS
- Buy a Home
- Sell a Home
- Property Management

Florida Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Annual Report

Dear Sirs

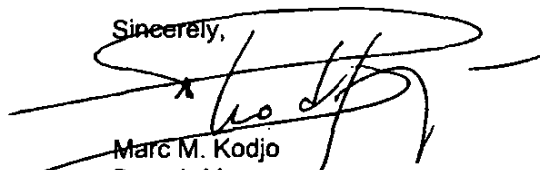
I am writing in response to a notice of dissolution I received from your office despite filing my annual report on time.

Attached please find a correspondence from your office confirming that you received the fee and application on time and that my FEIN number was incomplete.

I have since corrected the form and mailed it to your office since April 7, 2005 (see attached). Kindly correct your record and send me a confirmation in the mail.

I look forward to hearing from you soon. Thank you in advance.

Sincerely,


Marc M. Kodjo
Branch Manager