

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000011650

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: EURO-AMERICAN FINANCE NETWORK, INCORPORATED

**Current Principal Place of Business:**

1212 S. MAIN ST., STE. B  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

1212 S. MAIN ST., STE. B  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 59-3388394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEFANOVIC, SLAVOLJUB DR.  
6624 WOODY CT.  
LEESBURG, FL 34748 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: SLAVOLJUB STEFANOVIC

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEFANOVIC, SLAVOLJUB DR.  
Address: 6624 WOODY CT.  
City-St-Zip: LEESBURG, FL 34748

Title: VPD ( ) Delete  
Name: STEFANOVIC, MARIA  
Address: 6624 WOODY CT.  
City-St-Zip: LEESBURG, FL 34748

Title: VPCD ( ) Delete  
Name: STEFANOVIC, ALEXANDRA  
Address: 6624 WOODY CT.  
City-St-Zip: LEESBURG, FL 34748

Title: VPD ( ) Delete  
Name: STEFANOVIC, CHRISTINA  
Address: 6624 WOODY CT.  
City-St-Zip: LEESBURG, FL 34748

Title: TD ( ) Delete  
Name: STEFANOVIC, LJUBICA  
Address: 6624 WOODY CT.  
City-St-Zip: LEESBURG, FL 34748

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

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

Title: VPD (X) Change ( ) Addition  
Name: STEFANOVIC, MARIA  
Address: 718 S. WASHINGTON ST.  
City-St-Zip: MARION, IN 46952

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

Title: VPD (X) Change ( ) Addition  
Name: STEFANOVIC, CHRISTINA  
Address: 501 EAST 4TH ST. APT. 509  
City-St-Zip: MARION, IN 46952

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIA STEFANOVIC

VP

03/29/2009

Electronic Signature of Signing Officer or Director

Date