

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90073 002 \*\*\*150.00

<b>DOCUMENT # P00000019407</b> 1. Entity Name <b>E.S. FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>999 BRICKELL AVENUE TENTH FLOOR MIAMI, FL 33131</b>		Mailing Address <b>999 BRICKELL AVENUE TENTH FLOOR MIAMI, FL 33131</b>	
2. Principal Place of Business <b>1395 Brickell Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1395 Brickell Avenue</b> Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b> Zip <b>33131</b>		City & State <b>Miami, Florida</b> Zip <b>33131</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>ROBERT W. STEWART, P.A. 999 BRICKELL AVENUE SUITE 1006 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Robert W. Stewart, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1395 Brickell Avenue, Suite 430</b> City <b>Miami</b>	
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 <u><i>Robert W. Stewart, P.A.</i></u> DATE <u>4.7.04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D POPPE, NUNO 999 BRICKELL AVENUE MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Nuno Poppe 1395 Brickell Avenue Miami, Florida 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BALESTRA, VICTOR C 999 BRICKELL AVENUE MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Balestra, Victor C. 1395 Brickell Avenue Miami, Florida 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P MOLLET, BERNARD 999 BRICKELL AVE MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP VENTURA, RICARDO 999 BRICKELL AVENUE MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SVP DAVIS, THOMPSON 999 BRICKELL AVENUE MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Lia Yaffar 1395 Brickell Avenue Miami, Florida 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D North, Mark 1395 Brickell Avenue Miami, Florida 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u><i>Victor C. Balestra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Victor C. Balestra April 8, 2004 539-7755 <small>Date Daytime Phone #</small>	