


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000019407</b>	
1. Entity Name E.S. FINANCIAL SERVICES, INC.	
	
Principal Place of Business 1395 BRICKELL AVE. MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVE. MIAMI, FL 33131



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0990143	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBERT W. STEWART, P.A.  
1395 BRICKELL AVE.  
STE. 430  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000569465  
07/11/06-80028-012 158.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPPE, NUNO 1395 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALESTRA, VICTOR C 1395 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAFFAR, LIA 1395 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, MARK 1395 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

NUNO POPPE

7/10/06

305 539-7738

Use

Daytime Phone #