


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

Approved for Payment
Feb 08, 2007 08:00 AM
Charge G/L # 67105080 CCF 7600
Secretary of State

DOCUMENT # P00000019407 1. Entity Name E.S. FINANCIAL SERVICES, INC.	
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Principal Place of Business 1395 BRICKELL AVE. MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVE. MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

Signature
2-2-07
Date



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0990143	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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**

1000000628094
02/18/07-80001-011 150.00

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:  2-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #