

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019407

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: E.S. FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1395 BRICKELL AVE.  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1395 BRICKELL AVE.  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0990143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROBERT W. STEWART, P.A.  
18001 OLD CUTLER RD  
STE 600  
MIAMI, FL 33157 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POPPE, NUNO  
Address: 1395 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: BALESTRA, VICTOR C  
Address: 1395 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete  
Name: YAFFAR, LIA  
Address: 1395 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: NORTH, MARK  
Address: 1395 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131

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

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

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

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

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: NUNO POPPE

D

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date