


2007 FOR PROFIT CORPORATION ANNUAL REPORT

Approved for Payment **FILED**
 Feb 08, 2007 08:00 AM
 Charge G/L # 6710-5080 OCT 1600
 Secretary of State

DOCUMENT # P00000019407
 1. Entity Name
 E.S. FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
 1395 BRICKELL AVE. 1395 BRICKELL AVE.
 MIAMI, FL 33131 MIAMI, FL 33131

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
 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

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

1000000628094
 02/16/07-80001-011 150.00

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 #