


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90106 042 \*\*\*150.00

DOCUMENT # P00000019407					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0990143	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT W. STEWART, P.A. 1395 BRICKELL AVE. STE. 430 MIAMI, FL 33131				Name: Robert W. Stewart P.A. Street Address (P.O. Box Number is Not Acceptable): 1395 Brickell Ave Ste 430 City: Miami FL Zip: 33131	
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: <i>Robert W. Stewart</i>		ROBERT W. STEWART, PRES.		DATE: 4.23.08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	POPPE, NUNO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		1395 BRICKELL AVE.		STREET ADDRESS	
CITY-ST-ZIP		MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	D	BALESTRA, VICTOR C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		1395 BRICKELL AVE.		STREET ADDRESS	
CITY-ST-ZIP		MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	P	YAFFAR, LIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		1395 BRICKELL AVE.		STREET ADDRESS	
CITY-ST-ZIP		MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	D	NORTH, MARK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		1395 BRICKELL AVE.		STREET ADDRESS	
CITY-ST-ZIP		MIAMI, FL 33131		CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 life empowered.					
SIGNATURE: <i>Robert W. Stewart</i>				Date: 7-18-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305 535 7700	