

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