


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90059 008 \*\*\*150.00

<b>DOCUMENT # F08000000019</b>					
<b>1. Entity Name</b> BRAVER, STERN SECURITIES CORP.					
<b>Principal Place of Business</b> 641 LEXINGTON AVENUE NEW YORK, NY 10022			<b>Mailing Address</b> 641 LEXINGTON AVENUE NEW YORK, NY 10022		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM STERN, STEVEN <input type="checkbox"/> Delete 760 PARK AVENUE NEW YORK, NY 30021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERN, STEVEN <input type="checkbox"/> Delete 760 PARK AVENUE NEW YORK, NY 30021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAVER, DAVID <input type="checkbox"/> Delete 4 EAST 72ND STREET NEW YORK, NY 10021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUPO, FRANK <input type="checkbox"/> Delete 53 TOPAZ DRIVE FREEHOLD, NJ 07728				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LUPO, FRANK <input type="checkbox"/> Delete 53 TOPAZ DRIVE FREEHOLD, NJ 07728				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Frank Lupo</u> <b>FRANK Lupo</b> <u>2/7/08</u> <u>212.319.9110</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					