


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000003604
1. Entity Name
FINANCIAL NORTHEASTERN SECURITIES, INC.



Principal Place of Business Mailing Address
100 PASSAIC AVE 100 PASSAIC AVE
FAIRFIELD, NJ 07004 FAIRFIELD, NJ 07004

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
22-2642175 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, KENNETH
1401 BRICKELL AVENUE, SUITE 460
MIAMI, FL 33131

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD & DIRECTOR ZAGE, JEFFREY 100 PASSAIC AVE FAIRFIELD, NJ 07004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COTD & DIRECTOR ZAGE, STEVEN 100 PASSAIC AVE FAIRFIELD, NJ 07004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/05-80005-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JEFFREY ZAGE Date: 6/29/05 Daytime Phone #: 973-882-9337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #