

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90015 009 ***158.75

DOCUMENT # F97000006012

1. Entity Name--

WESTMINSTER SECURITIES CORPORATION



Principal Place of Business

**100 WALL ST., 7TH FLOOR.
NEW YORK NY 10005**

Mailing Address

**100 WALL ST., 7TH FLOOR
NEW YORK NY 10005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2697772

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENSLEIN, SPENCER
1550 NE MIAMI GARDENS DR. #310
NORTH MIAMI BEACH FL 33179**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CC	<input type="checkbox"/> Delete
NAME	LUSKIND, DANIEL	
STREET ADDRESS	100 PARK AVE 28 FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	CC	<input type="checkbox"/> Delete
NAME	KRAUSS, HENRY S	
STREET ADDRESS	100 PARK AVE 28 FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'SHEA, JOHN P	
STREET ADDRESS	100 PARK AVE 28 FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Daniel Luskind **DANIEL LUSKIND**

1/27/04

212-878-6527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #