2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001237

Address:

City-St-Zip:

FILED Jan 23, 2006 Secretary of State

Entity Name: STANDARD NEW YORK SECURITIES, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
	AVENUE, 19TI K, NY 10022	H FLOOR				
Current Mailing Address:			New Mailing Address:			
	AVENUE, 19TI K, NY 10022	H FLOOR				
FEI Number:	FEI Number: 13-3740371 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOU ⁻	ORATION SYS TH PINE ISLAN ON, FL 33324					
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WALLIN, PETER	BAY DRIVE SUITE 3200	Title: Name: Address: City-St-Zip:	WALLIN, PET	ELL BAY DRIVE SUITE 3200	
Title: Name: Address: City-St-Zip:	JAY, EVAN	Delete IUE, 19TH FLOOR 10022	Title: Name: Address: City-St-Zip:	SEFCHOVICH	ENUE, 19TH FLOOR	
Title: Name: Address: City-St-Zip:	MAARTENS, ALI	IUE, 19TH FLOOR	Title: Name: Address: City-St-Zip:	MAARTENS,	ENUE, 19TH FLOOR	
Title: Name: Address: City-St-Zip:	FIELDS, BRUCE	IUE, 19TH FLOOR	Title: Name: Address: City-St-Zip:	DORSON, BIL	ENUE, 19TH FLOOR	
Title: Name:	VP () SOUTO-MAIOR,	Delete LUIZ	Title: Name:	D (LOPEZ, EFRA	X) Change()Addition AIN	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ALBERTUS MAARTENS D 01/23/2006

1001 BRICKELL BAY DRIVE, STE. 3200

MIAMI, FL 33131

1001 BRICKELL BAY DRIVE SUITE 3200

MIAMI, FL 33131