## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ANNUAL AUDITED REPORT FORM X-17A-5

| OMB .                    | APPRO\ | /AL         |  |
|--------------------------|--------|-------------|--|
| OMB Numb                 | er:    | 3235-0123   |  |
| Expires:                 | Februa | ry 28, 2010 |  |
| Estimated average burden |        |             |  |
| hours nor ro             |        | 12.00       |  |

| SEC FILE NUMBER |
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| 8-              |
|                 |

## **FACING PAGE**

**PART III** 

## Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

| REPORT FOR THE PERIOD BEGINNING   |                                     | AND ENDING         |                              |  |
|---|-------------------------------------|--------------------|------------------------------|--|
|   | MM/DD/YY                            |                    | MM/DD/YY                     |  |
| A. REGIS  | STRANT IDENTIFIC                    | CATION             |                              |  |
| NAME OF BROKER-DEALER:  |                                     |                    | OFFICIAL USE ONLY            |  |
| ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)                           |                                     |                    | FIRM I.D. NO.                |  |
|   | (No. and Street)                    |                    |                              |  |
| (City)  | (State)                             | (Z                 | ip Code)                     |  |
| NAME AND TELEPHONE NUMBER OF PERS   | SON TO CONTACT IN R                 | EGARD TO THIS REP  | ORT                          |  |
|   |                                     | (                  | Area Code – Telephone Number |  |
| B. ACCOU  | UNTANT IDENTIFI                     | CATION             |                              |  |
| INDEPENDENT PUBLIC ACCOUNTANT who   | se opinion is contained in          | n this Report*     |                              |  |
| (Na   | ame – if individual, state last, fi | irst, middle name) |                              |  |
| (Address)   | (City)                              | (State)            | (Zip Code)                   |  |
| CHECK ONE:  |                                     |                    |                              |  |
| ☐ Certified Public Accountant   |                                     |                    |                              |  |
| ☐ Public Accountant   |                                     |                    |                              |  |
| ☐ Accountant not resident in United   | States or any of its posse          | ssions.            |                              |  |
| FC  | OR OFFICIAL USE O                   | NLY                |                              |  |
| CHECK ONE:  Certified Public Accountant Public Accountant Accountant not resident in United | States or any of its posse          | ssions.            | (Zip Cod                     |  |

\*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

## OATH OR AFFIRMATION

| Ι, _ |   | , swear (or affirm) that, to the best of  |  |  |
|------|---|---|--|--|
| my   | my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of |   |  |  |
| of . |   | , as , as , are true and correct. I further swear (or affirm) that  |  |  |
| nei  | ther  | the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account          |  |  |
|      |   | ed solely as that of a customer, except as follows:   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   | Signature   |  |  |
|      |   |   |  |  |
|      |   | Title   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
|      |   | Notary Public   |  |  |
| Thi  | s rer   | port ** contains (check all applicable boxes):  |  |  |
|      |   | Facing Page.  |  |  |
|      |   | Statement of Financial Condition.   |  |  |
|      | (c)   | Statement of Income (Loss).   |  |  |
|      |   | Statement of Changes in Financial Condition.  |  |  |
|      |   | Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital.                                     |  |  |
|      |   | Statement of Changes in Liabilities Subordinated to Claims of Creditors.  |  |  |
|      |   | Computation of Net Capital.   |  |  |
|      | (h)   | Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3.  |  |  |
|      | (i)   | Information Relating to the Possession or Control Requirements Under Rule 15c3-3.   |  |  |
|      | (j)   | A Reconciliation, including appropriate explanation of the Computation of Net Capital Under Rule 15c3-1 and the             |  |  |
|      |   | Computation for Determination of the Reserve Requirements Under Exhibit A of Rule 15c3-3.                                   |  |  |
|      | (k)   | A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to methods of             |  |  |
|      |   | consolidation.  |  |  |
|      | ` '   | An Oath or Affirmation.   |  |  |
|      |   | A copy of the SIPC Supplemental Report.   |  |  |
|      | (n)   | A report describing any material inadequacies found to exist or found to have existed since the date of the previous audit. |  |  |

\*\*For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).