


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90061 030 \*\*\*150.00

**DOCUMENT # P34630**  
 1. Entity Name  
**IFMG SECURITIES, INC.**



Principal Place of Business      Mailing Address  
 100 MANHATTANVILLE ROAD      100 MANHATTANVILLE ROAD  
 ATTN: P WONG      ATTN: P WONG  
 PURCHASE, NY 10577 US      PURCHASE, NY 10577 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	RIPEPI, BRUCE F	
STREET ADDRESS	100 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOLL, RICHARD J	
STREET ADDRESS	100 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALLADINO, THEDDORE	
STREET ADDRESS	100 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MCKENNA, ROBERT J	
STREET ADDRESS	100 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOSS, NORTON II	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	
CITY-ST-ZIP	WELLESLEY HILLS, MA 02481	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPADAFORA, ROBERT L	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDA LEWIS	
STREET ADDRESS	100 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY CORSI	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	
CITY-ST-ZIP	WELLESLEY HILLS, MA 02481	
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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/05*      *914-641-3074*  
 Date      Daytime Phone #

40003020



01052005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**04-3119940**      Not Applicable

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