0	Accountant not resident in Oni			
	A anonymene mot posidont in Tini	ted States or any of its possession	ons.	
	Certified Public Accountant Public Accountant	,		
CHE	CK ONE:			
	(nutico)	(CRy)	(State)	(Elp Couc)
	529 Fifth Avenue, 9 <sup>th</sup> Floor (Address)	r New York (City)	(State)	10017 (Zip Code)
	FOO THEM. A	NT	<b>N78</b> 7	40048
		(Name - if individual, state last. first. n	niddle name)	
INDE	PENDENT PUBLIC ACCOU CITRIN COOPERMAN	2 · · · · · · · · · · · · · · · · · · ·	contained in this H	kepoπ <sup>*</sup>
	B.A	<b>CCOUNTANT IDENTI</b>	FICATION	
			(Ar	ea Code - Telephone Number)
1 12 24711	Elizabeth Tractenberg			3-669-0545
NAMI	E AND TELEPHONE NUMB	FR OF PERSON TO CONT	ACT IN REGARD	TO THIS REPORT
	(City)	(State)		o Code)
	<b>BEVERLY HILLS</b>	CA	Q.	210
		(No. and Street)	in the second	
ADDR	ESS OF PRINCIPAL PLACI 9601 WILSHIRE BLVD, I		O. Box No.)	
			<u>.</u>	FIRM LD. NO.
~ 14 MINI	HUDSON CAPITAL ADV	ISORS BD LLC.		
NAMI	E OF BROKER-DEALER:			OFFICIAL USE ONLY
	<b>A.</b>	REGISTRANT IDENTI	FICATION	
REPO	RT FOR THE PERIOD BEGI	INNING 01/01/09 MM/DD/YY	AND ENDING	12/31/09 MM/DD/YY
		d of Brokers and Dealers change Act of 1934 and R		
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				OMB Number: 3235-012

\*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)

SEC 1410 (06-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMS control number.

A

### **OATH OR AFFIRMATION**

### I, BRUCE RABEN

\_, swear (or affirm) that, to the best of my knowledge and belief the

accompanying financial statement and supporting schedules pertaining to the firm of <u>HUDSON CAPITAL ADVISORS BD</u> <u>LLC.</u>, as of <u>DECEMBER 31, 2009</u>, are true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer, or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

MANAGING MEMBER Title

### Notary Public

This report **\*\*** contains (check all applicable boxes):

- (a) Facing Page.
- **(b)** Statement of Financial Condition.
- (c) Statement of Income (Loss).
- (d) Statement of Cash Flows.
- (e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital.
- □ (f) Statement of Changes in Liabilities Subordinated to Claims of Creditors.
- (g) 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.
- (I) An Oath or Affirmation.
- $\Box$  (m) 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.
- (o) Independent auditor's report on internal control.

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

# **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California	
County of LDS ANTELES	<u>ک</u>
On Jun 20, 2010	On June 20, 2010 before me, JMSARSTEDT Date Date
personally appeared	BRUCE RABEN
•	Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(iss), and that by his/her/their-signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature

# HUDSON CAPITAL ADVISORS BD, LLC (A Limited Liability Company) OTHER INFORMATION DECEMBER 31, 2009

# Computation for Determination of the Reserve Requirements Under Rule 15c3-3 of the SEC:

The Company operates under the exemptive provisions of paragraph (k)(2)(i) of SEC Rule 15c3-3.

### Information Relating to Possession or Control Requirements Under Rule 15c3-3 of the SEC:

The Company operates under the exemptive provisions of paragraph (k)(2)(i) of SEC Rule 15c3-3 and did not maintain possession or control of any customer funds or securities as of December 31, 2009.

## See independent auditors' report.