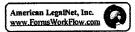
	Mail Processing Section	UNITED STATES RITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 NUAL AUDITED REPORT	Ex Es	MB Numbe pires: stimated av	PROVAL r: 3235-0123 April 30, 2013 erage burden ponse 12.00
3030758 Info	Washington DC 405 ormation Required o	FORM X-17A-5 PART III FACING PAGE f Brokers and Dealers Pursuant to inge Act of 1934 and Rule 17a-5 T		8- 17 of the	C FILE NUMBER 66595
REPORT FOR THE	PERIOD BEGINNING	01-01-2012 AND END MM/DD/YY	0ING <u>12-31-</u>	2012 MM/DD	·/YY
	A. RE	GISTRANT IDENTIFICATION			ander ander de lande 1999 - State Barrier, son 1999 - State Barrier, son son
NAME OF BROKE	R-DEALER: Hudson Cap	ital Advisors BD, LLC		OFFICI	AL USE ONLY
		SINESS: (Do not use P.O. Box No.)		FIF	RM I.D. NO.
9601 Wilshire Blvd.,	Penthouse	(No. and Street)			
Beverly Hills		CA	90	210	
	(City)	(State)		p Code)	
NAME AND TELE Bruce Raben	PHONE NUMBER OF P	ERSON TO CONTACT IN REGARD TO	THIS REPO	ORT -691-8761	
					Felephone Number)
	B. AC	COUNTANT IDENTIFICATION			
INDEPENDENT PU Joseph Yafeh, CPA	JBLIC ACCOUNTANT	whose opinion is contained in this Report*			
		(Name – if individual, state last, first, middle nam	e)		
	Blvd., Suite 875	Los Angeles	CA (State)	90064	(Zip Code)
		(City)	(Sunc)		(and code)
11300 West Olympia (Address)					
(Address)					
(Address) CHECK ONE: Certi	fied Public Accountant				
(Address) CHECK ONE: ⊠ Certi ⊠ Publi	ic Accountant				
CHECK ONE: ⊠ Certi ⊠ Publi	ic Accountant	ited States or any of its possessions.			
(Address) CHECK ONE: ⊠ Certi ⊠ Publi	ic Accountant				

*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)

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 OMB control number.



SEC 1410 (06-02)

OATH OR AFFIRMATION

, swear (or affirm) that, to the best of I. Bruce Raben my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of Hudson Capital Advisors BD, LLC as 2012, are true and correct. I further swear (or affirm) that of December 31, neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account

Signature

None



Notary Public

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

classified solely as that of a customer, except as follows:

- (a) Facing Page.
- (b) Statement of Financial Condition. \boxtimes
- \boxtimes (c) Statement of Income (Loss).
- (d) Statement of Changes in Financial Condition. \boxtimes
- (e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital. \boxtimes
- (f) Statement of Changes in Liabilities Subordinated to Claims of Creditors.
- (g) Computation of Net Capital.
- XX (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. \boxtimes
- (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.
- (1) An Oath or Affirmation. Χ
- (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.

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	
County of LOS Angeles	
On <u>Feb 28, 2013</u> before me,	Shahral Kernan
personally appeared <u>Bruce</u> Ral	
	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/shattbey executed the same in his/her/their authorized capacity(ies), 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 Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document		
Title or Type of Document:OA+h or AF	= Eirmetion	
Document Date: Unknown	Number of Pages: <u><i>Hw</i></u>	0
	r Signey	
Capacity(ies) Claimed by Signer(s)		
Signer's Name:	Signer's Name:	
	□ Individual	
Corporate Officer — Title(s):	Corporate Officer — Title(s):	······
	Partner — Limited General	RIGHTTHUMBPRINT
Attorney in Fact	☐ Attorney in Fact	OF SIGNER

Trustee Guardian or Conservator Other:	Top of thumb here	Trustee Guardian or Conservator Other:	Top of thumb here	
Signer Is Representing:		Signer Is Representing:		

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Hudson Capital Advisors, BD, LLC Statement of Financial Condition December 31, 2012

Assets

Total Assets	<u>\$ 13,367</u>
Equipment (net of accumulated depreciation, \$8,150)	0
Cash	\$ 13,367

, , , **b**

Liabilities and Member's Equity

Liabilities Accounts Payable and accrued expenses	<u>\$ 1,350</u>
Total Liabilities	1,350
Member's Equity	12,017
Total Liabilities and Member's Equity	<u>\$ 13,367</u>

See accompanying notes to financial statements

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