


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005320

1. Entity Name
PERKOWITZ + RUTH, INC.



Principal Place of Business 111 WEST OCEAN BLVD., 21ST FLOOR LONG BEACH, CA 90802	Mailing Address 111 WEST OCEAN BLVD., 21ST FLOOR LONG BEACH, CA 90802
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3384842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD PERKOWITZ, SIMON 111 WEST OCEAN BLVD., 21ST FLOOR LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUTH, STEVEN J 111 WEST OCEAN BLVD., 21ST FLOOR LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, BRIAN E 111 W OCEAN BLVD 21ST FLR LONG BEACH, CA 90802
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000270598
 03/21/05-80014-002 150.00

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: *Steven J Ruth* Steven J Ruth, Exec VP/Sec. 3/16/05 562-628-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #