

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 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



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-3384842</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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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000000423606  
 02/18/06-80014-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 2/3/06 562/628-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #