

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005320

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: PERKOWITZ + RUTH, INC.

**Current Principal Place of Business:**

111 WEST OCEAN BLVD., 21ST FLOOR  
LONG BEACH, CA 90802

**New Principal Place of Business:**

**Current Mailing Address:**

111 WEST OCEAN BLVD., 21ST FLOOR  
LONG BEACH, CA 90802

**New Mailing Address:**

FEI Number: 95-3384842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: PERKOWITZ, SIMON  
Address: 111 WEST OCEAN BLVD., 21ST FLOOR  
City-St-Zip: LONG BEACH, CA 90802

Title: VSD ( ) Delete  
Name: RUTH, STEVEN J  
Address: 111 WEST OCEAN BLVD., 21ST FLOOR  
City-St-Zip: LONG BEACH, CA 90802

Title: D ( ) Delete  
Name: WOLFE, BRIAN E  
Address: 111 W OCEAN BLVD 21ST FLR  
City-St-Zip: LONG BEACH, CA 90802

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON PERKOWITZ

PCD

04/06/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date