

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029447

FILED
Jan 14, 2010
Secretary of State

Entity Name: RUTH HOLDINGS INC.

Current Principal Place of Business:

2000 ISLAND BLVD
2310
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

2000 ISLAND BLVD
2310
AVENTURA, FL 33160 US

New Mailing Address:

FEI Number: 20-2828290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FASJA, JACOBO
2000 ISLAND BLVD
2310
AVENTURA, FL 33160 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: DP
Name: FASJA, JACOBO
Address: 2000 ISLAND BLVD, SUITE 2310
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP
Name: FASJA, RUTH
Address: 2000 ISLAND BLVD, SUITE 2310
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP
Name: FASJA, ELIAS
Address: 2000 ISLAND BLVD, SUITE 2310
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP
Name: FASJA, MOISES
Address: 2000 ISLAND BLVD, SUITE 2310
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP
Name: FASJA, ALBERTO
Address: 2000 ISLAND BLVD, SUITE 2310
City-St-Zip: AVENTURA, FL 33160 US

Title: DP
Name: FASJA, DABBAH JACOBO
Address: 2000 ISLAND BLVD. 2310
City-St-Zip: MIAMI, FL 33160 US

I hereby 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 all other like empowered.

SIGNATURE: FASJA JACOBO

DP

01/14/2010

Electronic Signature of Signing Officer or Director

_____ Date