


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05175**  
 1. Entity Name  
 PERLMUTTER PETROLEUM, INC.



Principal Place of Business % VICTOR K. RONES 16105 N.E. 18 AVENUE N. MIAMI BEACH, FL 33162	Mailing Address % VICTOR K. RONES 16105 N.E. 18 AVENUE N. MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3276512	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

RONES, VICTOR K.  
 % MARGULIES & RONES, P.A.  
 16105 N.E. 18 AVENUE  
 N MIAMI BEACH, FL 33162

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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, 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	DP PERLMUTTER MARTIN 16105 NE 18TH AVE. N. MIAMI BEACH, FL
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02/01/05-80052-001 150.00

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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: *x Marty Perlmutter* 1/26/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_