. 2006 FOR PROFIT CORPORATION

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ANNUAL REPURI			Jan 23, 2006 08:00 A	
DOCUMENT # M05175 1. Entity Name PERLMUTTER PETROLEUM, IN			Sec	eretary of State
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			
DO NOT WRI	TE IN THIS SPA	CE	01042006 No Chg-P 4. FEI Number 59-3276512 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent			
RONES, VICTOR K. % MARGULIES & RONES, P.A. 16105 N.E. 18 AVENUE N MIAMI BEACH, FL 33162	•		DO NOT W	
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Floring	orida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable (NOTE Product)	d Agent signature required	when reinstaller	DATE
and account Abord on broaded logical act vellocity on	and the second s		witter remainfulf.	DATE
	Slection Campaign Final	ncina \$5	OO May Bo	•

FILE NOW!!! FEE IS \$150.00	
After May 1, 2006 Fee will be \$550.00	

\$5.00 May Be Added to Fees

Trust Fund Contribution. 10. OFFICERS AND DIRECTORS DP TITLE PERLMUTTER MARTIN NAME 16105 NE 18TH AVE. STREET ADDRESS CITY-ST-ZIP N. MIMAI BEACH, FL TITLE NAME STREET ADDRESS 出いさいUb-8UU41-U19 15U.Ui City-St-Zip TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPI OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR