


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 189580	
1. Entity Name GEM CABINET COMPANY	

Principal Place of Business 10087 CANOE BROOK CIR BOCA RATON, FL 33498	Mailing Address 10087 CANOE BROOK CIR BOCA RATON, FL 33498
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05222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1031242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABRAMS, AUDREY
10411 CANOE BROOK CIR
BOCA RATON, FL 33498**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VD	RUBIN, LINA
NAME	10087 CANOE BROOK CIRCLE
STREET ADDRESS	BOCA RATON, FL 33498
CITY-ST-ZIP	
TITLE PSD	ABRAMS, AUDREY
NAME	10411 CANOE BROOK CIR.
STREET ADDRESS	BOCA RATON, FL 33498
CITY-ST-ZIP	
TITLE VD	RUBIN, MICHAEL
NAME	10865 SW 136 TERRACE
STREET ADDRESS	MIAMI, FL 33498
CITY-ST-ZIP	
TITLE VA	RUBIN, JOE
NAME	10087 CANOE BROOK CIR
STREET ADDRESS	BOCA RATON, FL 33498
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/05-80010-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Audrey Abrams **5-22-05** **561-251-1584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #