

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 189580**

1. Entity Name  
**GEM CABINET COMPANY**



**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**10087 CANOE BROOK CIR  
BOCA RATON, FL 33498**

Mailing Address  
**10087 CANOE BROOK CIR  
BOCA RATON, FL 33498**



02172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1031242**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ABRAMS, AUDREY  
10411 CANOEBROOK 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**VD  
RUBIN, LINA  
10087 CANOE BROOK CIRCLE  
BOCA RATON, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
ABRAMS, AUDREY  
10411 CANOE BROOK CIR.  
BOCA RATON, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
RUBIN, MICHAEL  
10865 SW 136 TERRACE  
MIAMI, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VA  
RUBIN, JOE  
10087 CANOE BROOK CIR  
BOCA RATON, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000440293  
04/11/2006-80035-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Audrey Abrams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06  
Date

561-251-1584  
Daytime Phone #

AUDREY ABRAMS