

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 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**



01072007 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/02/07-80026-002 158.75

**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 (AUDREY ABRAMS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

Date

561-251-1584

Daytime Phone #