2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 189580

Entity Name: GEM CABINET COMPANY

Current Principal Place of Business:

10087 CANOE BROOK CIR
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

10087 CANOE BROOK CIR
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 59-1031242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAMS, AUDREY
10411 CANOEBROOK CIR
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: RUBIN, LINA,
Address: 10087 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: PSD ( ) Delete
Name: ABRAMS, AUDREY
Address: 10411 CANOE BROOK CIR.
City-St-Zip: BOCA RATON, FL 33498

Title: VD ( ) Delete
Name: RUBIN, MICHAEL
Address: 10626 GREEN TRAIL DR SOUTH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VA ( ) Delete
Name: RUBIN, JOE
Address: 10087 CANOE BROOK CIR
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY ABRAMS PSD 03/02/2009

Electronic Signature of Signing Officer or Director — Date