


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 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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 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	

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 05/25/05-80010-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #