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

02172006 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, 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	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	

I100000440293
02/02/06-80035-009 158.75

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 2-17-06 561-251-1584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AUDREY ABRAMS