

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P03000072904

1. Entity Name
GOLD COAST TIRE OF WEST BOCA, INC.



Principal Place of Business

**22923 SANDALFORT PLAZA DR.
BOCA RATON, FL 33428**

Mailing Address

**1509 LYONS RD
COCONUT CREEK, FL 33063**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **87-0702817** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORETSKY, JOSH
1509 LYONS RD
COCONUT CREEK, FL 33063**

**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**

**000000754449
05/22/07-80060-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORETSKY, LLOYD
STREET ADDRESS	1509 LYONS RD
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	D
NAME	ORETSKY, JUDITH
STREET ADDRESS	1509 LYONS RD
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	D
NAME	ORETSKY, JOSHUA
STREET ADDRESS	1509 LYONS RD.
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	D
NAME	ORETSKY, TODD
STREET ADDRESS	1509 LYONS RD.
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSH ORETSKY 4/27/07 254-975-0088