

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 014 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000005566 1. Entity Name GOLD COAST TIRE OF CORAL WEST, INC.			
Principal Place of Business 4620 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076		Mailing Address 4620 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 45-0548854		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORETSKY, JOSHUA 1509 LYONS ROAD COCONUT CREEK, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ORETSKY, LLOYD STREET ADDRESS 1509 LYONS ROAD CITY- ST- ZIP COCONUT CREEK, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE S NAME ORETSKY, JOSHUA STREET ADDRESS 1509 LYONS ROAD CITY- ST- ZIP COCONUT CREEK, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE VP NAME ORETSKY, JUDITH STREET ADDRESS 1509 LYONS ROAD CITY- ST- ZIP COCONUT CREEK, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
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 or other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/30/08 Daytime Phone # 954.975.0685	

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