


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H80715	
1. Entity Name GOLD COAST TIRE OF COCONUT CREEK, INC.	

Principal Place of Business 1509 LYONS RD. COCONUT CREEK, FL 33063-3818	Mailing Address 1509 LYONS RD. COCONUT CREEK, FL 33063-3818
---	---

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2584901	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ORETSKY, LLOYD 1509 LYONS RD. POMPANO BEACH, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000754274 05/22/07-80054-019 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORETSKY, LLOYD 1509 LYONS RD. COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JUDITH 1509 LYONS ROAD COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JOSHUA 1509 LYONS ROAD COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, TODD 1509 LYONS ROAD COCONUT CREEK, FL
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/27/07	Daytime Phone # 954.975.0888
---	---------------------	-------------------------------------