FILED
May 02, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H80715

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

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

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2584901
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORETSKY, LLOYD
1509 LYONS RD.
POMPANO BEACH, FL 33063

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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 changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000943349
05/29/08-00056-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORETSKY, LLOYD
STREET ADDRESS	1509 LYONS RD.
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	D
NAME	ORETSKY, JUDITH
STREET ADDRESS	1509 LYONS ROAD
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	D
NAME	ORETSKY, JOSHUA
STREET ADDRESS	1509 LYONS ROAD
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	D
NAME	ORETSKY, TODD
STREET ADDRESS	1509 LYONS ROAD
CITY ST ZIP	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: _____ 4/30/08 954.975.0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #