

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L93474

1. Entity Name

GOLD COAST TIRE OF WEST DEERFIELD, INC.



Principal Place of Business

4589 WEST HILLSBORO BOULEVARD
COCONUT CREEK, FL 33073

Mailing Address

1509 LYONS ROAD
COCONUT CREEK, FL 33063



04242006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0210469

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORETSKY, LLOYD
1509 LYONS ROAD
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, 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 D
NAME ORETSKY, LLOYD
STREET ADDRESS 1509 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK, FL 330633932

TITLE D
NAME ORETSKY, JUDY
STREET ADDRESS 1509 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK, FL 330633932

TITLE T
NAME ORETSKY, JOSHUA
STREET ADDRESS 4589 W. HILLSBORO BLVD.
CITY-ST-ZIP COCONUT CREEK, FL 330633932

TITLE D
NAME ORETSKY, TODD
STREET ADDRESS 4589 W. HILLSBORO ROAD
CITY-ST-ZIP COCONUT CREEK, FL 330633932

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000540964
05/10/06-80039-004 150.00

**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 #

4/25/06

954.975.0888