


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

| | |
|---|---|
| DOCUMENT # L93474 1. Entity Name GOLD COAST TIRE OF WEST DEERFIELD, INC. |  |
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|---|---|
| Principal Place of Business 4589 WEST HILLSBORO BOULEVARD COCONUT CREEK, FL 33073 | Mailing Address 1509 LYONS ROAD COCONUT CREEK, FL 33063 |
|---|---|



04242007 No Chg-P CR2E034 (11/05)

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| | |
|---|--|
| 4. FEI Number 65-0210469 | Applied For 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
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| 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 | U000000754273 05/22/07-80054-018 150.00 |
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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 | |

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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: 5/2/07 Daytime Phone #: 854-875-0888