

FILED

May 02, 2008 08:00 AM
Secretary of State2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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
---	---



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0210489	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
---	-------------------------------

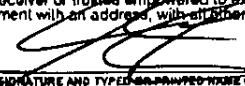
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATEFILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to FeesU000000943346
05/29/08-80056-007 100.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORETSKY, LLOYD 1509 LYONS ROAD COCONUT CREEK, FL 330633932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORETSKY, JUDY 1509 LYONS ROAD COCONUT CREEK, FL 330633932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ORETSKY, JOSHUA 4589 W. HILLSBORO BLVD. COCONUT CREEK, FL 330633932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORETSKY, TODD 4589 W. HILLSBORO ROAD COCONUT CREEK, FL 330633932
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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

954.975-0888

Deputy Phone #