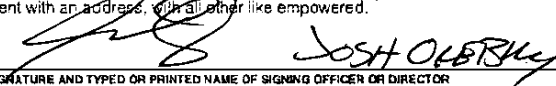


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90079 041 ***150.00

DOCUMENT # P00000018095 1. Entity Name GOLD COAST TIRE OF FT. LAUDERDALE, INC.					
Principal Place of Business 12106 COMMERCIAL BLVD FORT LAUDERDALE, FL 33334			Mailing Address 1509 LYONS RD. COCONUT CREEK, FL 33063		
2. Principal Place of Business 1210 COMMERCIAL BLVD			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FORT LAUDERDALE, FL			City & State		
Zip 33334		Country USA		4. FEI Number 65-0985088	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORETSKY, LLOYD 1509 LYONS RD COCONUT CREEK, FL 33063			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORETSKY, LLOYD 1509 LYONS RD. COCONUT CREEK, FL 33063	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ORETSKY, JUDITH 1509 LYONS RD. COCONUT CREEK, FL 33063	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ORETSKY, JOSHUA 1509 LYONS RD. COCONUT CREEK, FL 33063	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRETSKY, TORA 1504 LYONS RD. COCONUT CREEK, FL 33063	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 507, 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:  3/9/05 954-975-0888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					