

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-04-2004 90014 007 ***150.00

DOCUMENT # P03000072904 1. Entity Name GOLD COAST TIRE OF WEST BOCA, INC.					
Principal Place of Business 1509 LYONS RD COCONUT CREEK, FL 33063			Mailing Address 1509 LYONS RD COCONUT CREEK, FL 33063		
2. Principal Place of Business 22923 SANDALWOOD PLAZA DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State COCONUT CREEK, FL		City & State		4. FEI Number 870702817	
Zip 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSER, THOMAS 1509 LYONS RD COCONUT CREEK, FL 33063				7. Name and Address of New Registered Agent Name JOSH ORETSKY Street Address (P.O. Box Number is Not Acceptable) 1509 LYONS RD City COCONUT CREEK FL 33063	
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 JOSH ORETSKY 2/25/03 <small>Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ORETSKY, LLOYD 1509 LYONS RD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORETSKY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JUDITH 1509 LYONS RD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORETSKY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JOSHUA 1509 LYONS RD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORETSKY, JOSHUA 1509 LYONS RD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, TODD 1509 LYONS RD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORETSKY, TODD 1509 LYONS RD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JOSHUA 1509 LYONS RD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORETSKY, JOSHUA 1509 LYONS RD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JOSHUA 1509 LYONS RD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORETSKY, JOSHUA 1509 LYONS RD COCONUT CREEK, FL 33063
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 jobs empowered.					
SIGNATURE: JOSH ORETSKY 2/25/03 2549750588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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