


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P03000072904</b> 1. Entity Name GOLD COAST TIRE OF WEST BOCA, INC.	
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Principal Place of Business 22923 SANDALFORT PLAZA DR. BOCA RATON, FL 33428	Mailing Address 1509 LYONS RD COCONUT CREEK, FL 33063
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04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 87-0702817	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, JOSH 1509 LYONS RD COCONUT CREEK, FL 33063
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**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 \_\_\_\_\_

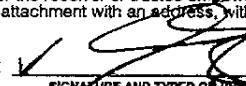
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, LLOYD 1509 LYONS RD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, JUDITH 1509 LYONS RD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000540538  
05/10/06-80022-013 150.00

**DO NOT WRITE  
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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 **4/25/06** Daytime Phone # **954.975.0688**