**FILED**
**May 02, 2008 08:00 AM**
**Secretary of State**

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000014718

1. Entity Name
GOLD COAST TIRE OF CORAL SPRINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8090 WILES RD.<br>CORAL SPRINGS, FL 33065 | 1509 LYONS ROAD<br>COCONUT CREEK, FL 33063 |

**DO NOT WRITE IN THIS SPACE**

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0562575
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORETSKY, LLOYD
1509 LYONS ROAD
COCONUT CREEK, FL 33066

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000943344
05/29/08--00056--006 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | ORETSKY, LLOYD |
| STREET ADDRESS | 8090 WILES RD. |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | V |
| NAME | ORETSKY, JUDITH |
| STREET ADDRESS | 8090 WILES RD. |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | T |
| NAME | ORETSKY, TODD |
| STREET ADDRESS | 8090 WILES RD. |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | S |
| NAME | ORETSKY, JOSH |
| STREET ADDRESS | 8090 WILES RD. |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| 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 all other like empowered.

**SIGNATURE:** _____ 4/30/08 954 975 0486
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #