


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90014 002 ***150.00

DOCUMENT # P98000058104	
1. Entity Name GOLD COAST TIRE OF EAST BOYNTON, INC.	

Principal Place of Business 1640 S. CONGRESS AVE BOYNTON BEACH, FL 33426	Mailing Address 1529 LYONS ROAD COCONUT CREEK, FL 33063
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94024792



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848994	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, LLOYD 1509 LYONS RD. COCONUT CREEK, FL 33063

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORETSKY, LLOYD 1509 LYONS ROAD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORETSKY, JUDITH 1509 LYONS ROAD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORETSKY, JOSHUA 1509 LYONS ROAD COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORETSKY, JUDITH 1509 LYONS RD COCONUT CREEK, FL 33063
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 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 like empowered.

SIGNATURE:   2/25/04 P54-975-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #