## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P9900000211  1. Entity Name GOLD COAST TIRE HOLDINGS, INC.			)	03-21-2005 9	90079 040 ***150	0.00	
Principal Place of Business	Mailing Address	<u> </u>	┦				
1509 LYONS ROAD 1509 LYONS ROAD							
COCONUT CREEK, FL 33063	COCONUT CREEK, FL 33	063					
Principal Place of Business     Address     Mailing Address					<u>                                    </u>		
Suite, Apt. #, etc.	Şuite, Apt. #, etc.			Chg-P	CR2E034 (10/03)		
City & State	City & State		4. FEI Number 65-0883			pplied For ot Applicable	
Zip Country	Zip	Country	5. Certificate of	of Status Desired	S8.75 Add Fee Require		
6. Name and Address of Current	Registered Agent		7. Name and	Address of New Ro	egistered Agent		
OBSTOCK HOVE		Name	Name .				
ORETSKY, LLOYD 1509 LYONS RD COCONUT CREEK, FL 33063		Street Address	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							
Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
			T.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contril	n Financing \$	5.00 May Be ided to Fees	ì			
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	OO Trust Fund Contril	bution, 🔲 🗛			CERS AND DIRECTOR:	S IN 11	
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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:

GNATURE AND TYPED TREPINTED NAME OF SIGNING OFFICER OF DIRECTOR

1965 958

959956888