


FILED

May 02, 2008 08:00 AM
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # P99000000211 1. Entry Name GOLD COAST TIRE HOLDINGS, INC. |  |
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|---|---|
| Principal Place of Business 1509 LYONS ROAD COCONUT CREEK, FL 33063 | Mailing Address 1509 LYONS ROAD COCONUT CREEK, FL 33063 |
|---|---|



04302008 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 65-0883831 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent**ORETSKY, LLOYD
1509 LYONS RD
COCONUT CREEK, FL 33063**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 reissuing)

DATE _____

**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

U00000943347

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORETSKY, LLOYD 1509 LYONS ROAD COCONUT CREEK, FL 33063 |
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08 954.975.0685