


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91054 043 \*\*\*150.00

**DOCUMENT # P97000040217**

1. Entity Name  
**6770 INVESTMENT CORP.**



Principal Place of Business  
**6770 COLLINS AVE.  
 MIAMI BEACH, FL 33141**

Mailing Address  
**10720 CARIBBEAN BLVD.  
 SUITE 425  
 MIAMI, FL 33189 US**

**1400J0J0**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
*10720 Caribbean Blvd*  
 Suite, Apt. #, etc.  
*Suite 101*  
 City & State  
 Zip Country

04222004 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**SPORT, WILLIAM**  
**10720 CARIBBEAN BLVD., STE 425 101**  
**MIAMI, FL 33189**

**7. Name and Address of New Registered Agent**

Name  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPORT, WILLIAM 10720 CARIBBEAN BLVD., STE 425 MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10720 Caribbean Blvd Suite 101</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENTILE, ANDREA 10720 CARIBBEAN BLVD., STE 425 MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10720 Caribbean Blvd Suite 101</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPORT, BRENDA 24 DOCKSIDE LAE PMB 485 KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10720 Caribbean Blvd Suite 101 MIAMI FL 33189</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Andrea Gentile* **42304 3052358891**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #