


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

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 101
MIAMI, FL 33189 US

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0752951

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPORT, WILLIAM
STREET ADDRESS	10720 CARIBBEAN BLVD., STE 101
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	SD
NAME	GENTILE, ANDREA
STREET ADDRESS	10720 CARIBBEAN BLVD., STE 101
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	VPD
NAME	SPORT, BRENDA
STREET ADDRESS	10720 CARIBBEAN BLVD., STE 101
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/22/05-80017-002 150.00

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 another like empowered.

SIGNATURE: *Cynthia K. ... Andrea Gentile* 4-19-05 305-235-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #