2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000065022

1. Entity Name
665 INVESTMENT INC

Principal Place of Business	Mailing Address
8390 SW 5TH STREET MIAMI, FL 33144	8390 SW 5TH STREET MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

03292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1021546	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PILOTO, JULIO
8390 SW 5TH STREET
MIAMI, FL 33144

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	PILOTO, JULIO
STREET ADDRESS	8390 SW 55ST
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	D
NAME	PILOTO, JULIO
STREET ADDRESS	8390 SW 55 ST
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80052-013 150.00

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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: _____ *Julio Piloto*   4/5/07   (305) 573 5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #