


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 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



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000520808  
 05/02/06-80108-017 150.00

10. OFFICERS AND DIRECTORS

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

**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 *Andrea Gentile* *Andrea Gentile* *4/19/06* *305.235.8881*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #