

**607 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000017145

1. Entity Name

AEGIS VENTURE CAPITAL ASSETS, INC.



Principal Place of Business

11110 WEST OAKLAND PARK BLVD
SUITE #241
SUNRISE, FL 33351

Mailing Address

11110 WEST OAKLAND PARK BLVD
SUITE #241
SUNRISE, FL 33351



01122007 No Chg P CR2E034 (11/05)

4. FEI Number
65-0983629

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRAUN, DAVID H
11110 WEST OAKLAND PARK BLVD
SUITE #241
SUNRISE, FL 33351

**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

David H. Braun DAVID H. BRAUN

01/16/2007

Signature, typed or printed name of registered agent and fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP

CPST
BRAUN, DAVID H
11110 WEST OAKLAND PARK BLVD #241
SUNRISE, FL 33351

TITLE
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CITY-ST-ZIP

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U000000614287
02/06/07-80013-021 158.75

**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:

David H. Braun DAVID H. BRAUN

01/16/2007

305-218-2405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #