

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K38959

FILED
Apr 05, 2005
Secretary of State

Entity Name: VEN-AMERICAN CAPITAL INVESTMENTS, INC.

Current Principal Place of Business:

12955 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12955 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33181 US

New Mailing Address:

2843 S. BAYSHORE DR. C/O KRUSS
SUITE 8-B
MIAMI, FL 33133 US

FEI Number: 65-0087030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW KRUSS
2843 S. BAYSHORE DR. 8-B
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRUSS, PAUL A.,
Address: 2843 S. BAYSHORE DR. 8-B
City-St-Zip: MIAMI, FL 33153

Title: PSTD () Delete
Name: KRUSS, ANDREW,
Address: 2843 S. BAYSHORE DR. 8-B
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW KRUSS

PD

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date