


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90031 034 \*\*\*150.00

**DOCUMENT # K38959**

1. Entity Name  
**VEN-AMERICAN CAPITAL INVESTMENTS, INC.**



Principal Place of Business  
**12955 BISCAYNE BLVD**  
**SUITE 300**  
**MIAMI, FL 33181 US**

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

**40018941**



2. Principal Place of Business - No P.O. Box #  
**2401 SW 145TH AVE**

3. Mailing Address  
**2401 SW 145TH AVE**

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State  
**MIRAMAR FL**

City & State  
**MIRAMAR, FL**

Zip  
**33027** Country  
**USA**

Zip  
**33027** Country  
**USA**

4. FEI Number  
**65-0087030**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>KRUSS, ANDREW</b> <b>2843 S. BAYSHORE DR. 8-B</b> <b>MIAMI, FL 33153</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KRUSS, ANDREW</b> <b>2843 S. BAYSHORE DR. 8-B</b> <b>MIAMI FL 33153</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRUSS, PAUL</b> <b>2843 S. BAYSHORE DR. 8-B</b> <b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KRUSS, PAUL</b> <b>1000 E. ISLAND Blvd. APT. 1904</b> <b>AVENTURA FL 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>KRUSS, STEVEN</b> <b>1519 PRESIDENTIAL WAY</b> <b>NORTH MIAMI BEACH FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven Kruss **STEVEN KRUSS** **02/13/07** **(305) 3022192**

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