

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P99000055828</b><br>1. Entity Name<br><b>VENTURES IN CAPITAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |  |
| Principal Place of Business<br><b>3250 LAKEVIEW BLVD.<br/>DELRAY BEACH, FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mailing Address<br><b>3250 LAKEVIEW BLVD.<br/>DELRAY BEACH, FL 33445</b>       |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                   |
| <div style="text-align: right;">             01062004    No Chg-P    CR2E034 (10/03)           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                                                   |
| 4. FEI Number<br><b>65-0935245</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                            |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                   |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                   |
| <b>FINE, ROBERT G<br/>3250 LAKEVIEW BLVD.<br/>DELRAY BEACH, FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div style="width: 30%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution.    <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div style="width: 30%; text-align: right;"> <b>000000128558</b><br/> <b>04/26/04-80043-013 150.00</b> </div> </div>                                                                                                                                                                    |                                                                                |                                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D<br/>FINE, ROBERT G<br/>3250 LAKEVIEW BLVD.<br/>DELRAY BEACH, FL 33445</b> |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                   |
| <b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |                                                                                |                                                                                   |
| <b>SIGNATURE:</b> <u>Robert G Fine</u> <u>4/21/04</u> <u>5614993371</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                   |