

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90343 009 ***150.00

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1. Entity Name

VEINRX INC.



Principal Place of Business

8210 NW 27TH STREET
MIAMI FL 33122

Mailing Address

8210 NW 27TH STREET
MIAMI FL 33122



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0410180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JAHMARKT, SCOTT L
8210 NW 27TH STREET
MIAMI FL 33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
JAHMARKT, SCOTT L
8210 NW 27TH STREET
MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SLATER, CHARLES R
8210 NW 27TH STREET
MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIN, RICHARD
8210 N. W. 27 STREET
MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLINSON, JEFFREY
8210 N. W. 27 STREET
MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Hayes, Kenneth G.
8210 NW 27 Street
Miami, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Mauney, David
8210 NW 27 Street, Miami FL 33122

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

Date

Daytime Phone #