

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # K82209			
1. Entity Name VEENA, INC.			
Principal Place of Business 3310 SW 35TH BLVD GAINESVILLE, FL 32608		Mailing Address 3310 SW 35TH BLVD GAINESVILLE, FL 32608	
DO NOT WRITE IN THIS SPACE			
			
		02062006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2943829		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDUL, MALIK 3310 SW 35TH BLVD GAINESVILLE, FL 32608		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	MALIK, ABDUL		
STREET ADDRESS	2635 SW 35TH PLACE #1501		
CITY-ST-ZIP	GAINESVILLE, FL 32608		
TITLE	VP		
NAME	ACI, ASLAM M		
STREET ADDRESS	2635 SW 35TH PLACE #1501		
CITY-ST-ZIP	GAINESVILLE, FL 32608		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 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: 		02-06-06 359-376-8170	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	