2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000103424

1. Entity Name
VECO, INTERNATIONAL, INC



12, 1140

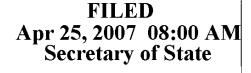
Principal Place of Business 4645 GUN CLUB ROAD

STE 19

WEST PALM BEACH, FL 33415-2858

Mailing Address 4645 GUN CLUB ROAD STE 19

WEST PALM BEACH, FL 33415-2858





04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3715461

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGUERA, RAUL 4645 GUN CLUB ROAD STE 19 WEST PALM BEACH, FL 33415-2858

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WEST PALM BEACH, FL 33415-2858			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registers	ed office or	egistered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	d Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS		<u>L</u> ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGUERA, RAUL 4645 GUN CLUB ROAD STE 19 WEST PALM BEACH, FL 334152858				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGUERA, JAVIER 4645 GUN CLUB ROAD STE 19 WEST PALM BEACH, FL 334152858				000000728869 05/08/07-80016-016 150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D PAOLUCCI, NELSON 4674 DYER BLVD WEST PALM BEACH, FL 33407			DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (561) 697-8550