

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000103424**

1. Entity Name  
VECO, INTERNATIONAL, INC



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)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HIGUERA, RAUL
STREET ADDRESS	4645 GUN CLUB ROAD STE 19
CITY-ST-ZIP	WEST PALM BEACH, FL 334152858
TITLE	S
NAME	HIGUERA, JAVIER
STREET ADDRESS	4645 GUN CLUB ROAD STE 19
CITY-ST-ZIP	WEST PALM BEACH, FL 334152858
TITLE	D
NAME	PAOLUCCI, NELSON
STREET ADDRESS	4674 DYER BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000728863  
05/08/07-80016-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07 (561) 697-8550