


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 017 \*\*\*150.00

DOCUMENT # P06000032448					
<b>1. Entity Name</b> VETA WORLD CORP.					
<b>Principal Place of Business</b> 781 NW 151 AVE PEMBROKE PINES, FL 33028			<b>Mailing Address</b> 781 NW 151 AVE PEMBROKE PINES, FL 33028		
<b>2. Principal Place of Business - No. P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172007    Chg-P    CR2E034 (12/06)	
Zip		Country		<b>4. FEI Number</b> 20-4972490	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUETE, FRANCIA A 781 NW 151 AVE PEMBROKE PINES, FL 33028				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P	Delete <input type="checkbox"/>		TITLE	VP
NAME	HUETE, FRANCIA A		Delete <input type="checkbox"/>	NAME	CAROLINA P. SANTOS
STREET ADDRESS	781 NW 151 AVE		Delete <input type="checkbox"/>	STREET ADDRESS	731 N. Pines Islen Rd
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		Delete <input type="checkbox"/>	CITY-ST-ZIP	Plantation FL 33324
TITLE	VP	Delete <input checked="" type="checkbox"/>		TITLE	
NAME	ESPINEL, SANDRA P		Delete <input type="checkbox"/>	NAME	
STREET ADDRESS	781 NW 151 AVE		Delete <input type="checkbox"/>	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		Delete <input type="checkbox"/>	CITY-ST-ZIP	
TITLE			Delete <input type="checkbox"/>	TITLE	
NAME			Delete <input type="checkbox"/>	NAME	
STREET ADDRESS			Delete <input type="checkbox"/>	STREET ADDRESS	
CITY-ST-ZIP			Delete <input type="checkbox"/>	CITY-ST-ZIP	
TITLE			Delete <input type="checkbox"/>	TITLE	
NAME			Delete <input type="checkbox"/>	NAME	
STREET ADDRESS			Delete <input type="checkbox"/>	STREET ADDRESS	
CITY-ST-ZIP			Delete <input type="checkbox"/>	CITY-ST-ZIP	
TITLE			Delete <input type="checkbox"/>	TITLE	
NAME			Delete <input type="checkbox"/>	NAME	
STREET ADDRESS			Delete <input type="checkbox"/>	STREET ADDRESS	
CITY-ST-ZIP			Delete <input type="checkbox"/>	CITY-ST-ZIP	
<b>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</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Filing Fee #					