


**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F24577
1. Entity Name
VECTOR CORPORATION



Principal Place of Business Mailing Address
247 GRECO AVENUE **247 GRECO AVENUE**
CORAL GABLES, FL 33146 **CORAL GABLES, FL 33146**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2081910	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> S&	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, ROBERT W.P.A.
1395 BRICKELL AVE
STE 430
MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARKE, VICTOR E. 247 GRECO AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALIMIDI, GARY A. 247 GRECO AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, CARIDAD 247 GRECO AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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03/23/06-80032-020 158.75

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 reports are 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 affidavit, with all other like Empowerment.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR