FILED
May 28, 2003 8:00 am
Secretary of State
04-28-2003 91398 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085443

1. Entity Name
VECTOR HOLDINGS, INC.

44002806

Principal Place of Business	Mailing Address
11397 SW 65 ST MIAMI, FL 33173	11397 SW 65 ST MIAMI, FL 33173

2. Principal Place of Business	3. Mailing Address
7041 SW 129 AVE.	7041 SW 129 AVE
Suite, Apt #, etc. 7	Suite, Apt #, etc. 7
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33183 Country USA	Zip 33183 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0741952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIRANDA, CLAUDIA 11397 SW 65 ST MIAMI, FL 33173	Name MIRANDA, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 7041 SW 129 AVE # 7 City MIAMI FL Zip Code 33183

ONLY CHANGE

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)

FEE NOW IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MIRANDA, CLAUDIA 11397 SW 65 ST MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MIRANDA, CLAUDIA 7041 SW 129 AVE # 7 MIAMI FL 33183 (ONLY CHANGE)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claudia Miranda 4/22/03 305 794-1132 305 387-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #