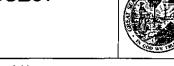
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000095207

1. Entity Name

VECTOR XXI CORP.



Principal Place of Business

290 174TH ST., NO. 505 SUNNY, ISLES FL 33160 Mailing Address 290 174TH ST., NO. 505 SUNNY ISLES FL 33160

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90082 038 \*\*\*150.00

SUNNY ISLES	5 FL 33160	SUNNY ISLES PL 33160					
2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.		3. Mailing Address					
			CHECK HERE IF MAKING	☐ CHECK HERE IF MAKING CHANGES			
City & State City & State			4. FEI Number 27-0028496	Applied For Not Applicable			
Zip	Country	Zip	Country	5 Certificate of Status Desired	\$8.75 Additional		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered A	gent		
	The second of th		Name -	and the second second			
*CALDERON, MARIA L 770 CLAUGHTON ISLAND DR., #714			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
√ MIAMI FL	33131				****		
			0.4		T 75- 0-4-		
	<b>€</b> } ~ø		City	FL	Zip Code		
the obligat	tions of registered agent.		registered office or reg	istered agent, or both, in the State of Florida. I am fa	amiliar with, and accept		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. 🖟	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition		
NAME	CALDERON, MARIA L		NAME		1		
STREET ADDRESS	770 CLAUGHTON ISLAND DR., #	714	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	···	CITY-ST-ZIP				
TITLE	VSD	Delete	TITLE		☐ Change ☐ Addition		
NAME	MONTALDO, MAURICIO J		NAME				
STREET ADDRESS	200 17/TH CT NO 505		STREET ADDRESS				

NAME STREET ADDRESS CITY-ST-ZIP	CALDERON, MARIA L 770 CLAUGHTON ISLAND DR., #714 MIAMI FL 33131	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MONTALDO, MAURICIO J 290 174TH ST., NO. 505 SUNNY ISLES FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deletē	NAME STREET ADDRESS CITY-ST-ZIP	-Change	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 strustee 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 attachmen with an address, with all other tike empowered.