


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000011549
 1. Entity Name
 E QUALCOM, CORP.



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| Principal Place of Business 1960 NORTH COMMERCE PKWY 3 WESTON, FL 33326 | Mailing Address 1960 NORTH COMMERCE PKWY 3 WESTON, FL 33326 |
|--|--|



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|--|
| 4. FEI Number 65-1074469 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

6. Name and Address of Current Registered Agent
 NAVIA, LUIS
 13261 S.W. 44 ST.
 FORT LAUDERDALE, FL 33330

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 rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | PD NAVIA, LUIS 13261 S.W. 44 ST. FORT LAUDERDALE, FL 33330 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP MEJIA, CLARA 2655 LE JEUNE RD SUITE 1010 CORAL GABLES, FL 33134 |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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 04/20/05-80096-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-18-05 904-6591717
Date Current Phone #