

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014250

Entity Name: QPCOM, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

2521 SW 187 AVE
HOLLYWOOD, FL 33029

New Principal Place of Business:

878 SW 173 AVE
PEMBROKE PINES, FL 33029

Current Mailing Address:

16300 NE 19 AVENUE
C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1073258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, FERNANDO
16300 NE 19 AVENUE
C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUINTERO, RICARDO
Address: 2521 SW 187 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: QUINTERO, GERMAN
Address: 2521 SW 187 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: TD () Delete
Name: CARO, MARIA VICTORIA
Address: 2521 SW 187 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: CASTRO, LUZ ANGELA
Address: 2521 SW 187 AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUINTERO, RICARDO
Address: 878 SW 173 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD (X) Change () Addition
Name: QUINTERO, GERMAN
Address: 878 SW 173 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD (X) Change () Addition
Name: CARO, MARIA VICTORIA
Address: 878 SW 173 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change () Addition
Name: CASTRO, LUZ ANGELA
Address: 878 SW 173 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO QUINTERO

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date