

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014250

Entity Name: QPCOM, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

5162 SW 173 AVENUE
MIRAMAR, FL 33029

New Principal Place of Business:

6030 NW 99TH AVE
SUITE 404
DORAL, FL 33178

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

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'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 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: 5162 SW 173 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: QUINTERO, GERMAN
Address: 5162 SW 173 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: TD () Delete
Name: CARO, MARIA VICTORIA
Address: 5162 SW 173 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: CASTRO, LUZ ANGELA
Address: 5162 SW 173 AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUINTERO, RICARDO
Address: 6030 NW 99TH AVE SUITE 404
City-St-Zip: DORAL, FL 33178

Title: VD (X) Change () Addition
Name: QUINTERO, GERMAN
Address: 6030 NW 99TH AVE SUITE 404
City-St-Zip: DORAL, FL 33178

Title: TD (X) Change () Addition
Name: CARO, MARIA VICTORIA
Address: 6030 NW 99TH AVE SUITE 404
City-St-Zip: DORAL, FL 33178

Title: D (X) Change () Addition
Name: CASTRO, LUZ ANGELA
Address: 6030 NW 99TH AVE SUITE 404
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date