2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# P00000033805

Entity Name: BRAQUITERAPIA.COM.INC.

Current Principal Place of Business:

7171 CORAL WAY, SUITE 203
MIAMI, FL 33155

New Principal Place of Business:

782 N.W. 42 AVE.
SUITE 537
MIAMI, FL 33126 US

Current Mailing Address:

7171 CORAL WAY, SUITE 203
MIAMI, FL 33155

New Mailing Address:

782 N.W. 42 AVE.
SUITE 537
MIAMI, FL 33126 US

FEI Number: 65-1006325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOCARRAZ, MARIANO DE
7171 CORAL WAY, SUITE 203
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

SOCARRAZ, MARIANO DE
782 N.W. 42 AVE.
SUITE 537
MIAMI, FL 33126 US

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: 07/01/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SOCARRAZ, MARIANO DE
Address: 7171 CORAL WAY, SUITE 203
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SOCARRAZ, MARIANO DE
Address: 782 N.W. 42 AVE. STE 537
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIANO DE SOCARRAZ D 07/01/2004
Electronic Signature of Signing Officer or Director — Date