
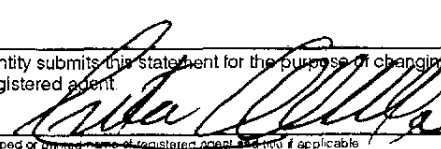


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 03, 2005 08:00 AM
Secretary of State

| | | | |
|--|---------|---|---------|
| DOCUMENT # L03000024744 | |  | |
| 1. Entity Name CORSICA HOLDINGS LLC. | | | |
| Principal Place of Business 8970 WENDY LANE WEST WEST PALM BEACH FL 33411 | | Mailing Address 8970 WENDY LANE WEST WEST PALM BEACH FL 33411 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALED STREET, SUITE 300 CORAL GABLES FL 33134 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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 2-1-05 | |
| Signature, typed or printed name of registered agent and how if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| | | FILE NOW!!! FEE IS \$50.00 | |
| | | Make Check Payable to Florida Department of State | |
| | | Due By May 1, 2005 | |



1st MOORE

CR2E083 (10/04)

4. FEI Number **59-1818814**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MONDO CORPORAZIONE, INC. 84 N.W. 22TH AVENUE MIAMI FL 33125 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000213292 02/03/05-80062-020 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #