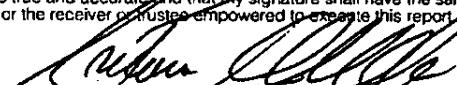


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

**FILED
Mar 26, 2004 8:00 am
Secretary of State**

03-03-2004 90150 002 ****50.00

| | | | | | |
|---|---------|---|---------|--|-------------------------------|
| DOCUMENT # L03000024752 | |  | | | |
| 1. Entity Name IMPALA 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State City & State | | City & State City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 591818814 | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALEDO 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 Signature, typed or printed name of registered agent and title if applicable. | | | | (NOTE: Registered Agent signature required when restating) DATE | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 | | | | | |
| 3/26/04 305-599-6740 Date Daytime Phone # | | | | | |