2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: MZ PHARMA LLC

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE, SUITE 2310
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1001 BRICKELL BAY DRIVE, SUITE 2310
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JOSE ANTONIO OLIVARES
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: POLGA, STEFANO
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: RIBAS, SALVADOR P
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: GALDAMEZ, ANA CRISTINA A
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: JOSE ANTONIO OLIVARES ALMARZA MGR 04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date