2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 10, 2009
Secretary of State

DOCUMENT# L08000110115

Entity Name: NITZA LLC

Current Principal Place of Business:

9395 S.W 77TH AVE
2037
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 140743
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 26-3787381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALPARTIDA, FRANK F
9395 S.W 77TH AVE
2037
MIAMI, FL 33156 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:	MGRM	( ) Delete
Name:	MALPARTIDA, FRANK F	
Address:	P.O BOX 140743	
City-St-Zip:	MIAMI, FL 33156	
Title:	MGRM	( ) Delete
Name:	EMERALD GLOBAL ENTERPRISES, INC.	
Address:	P.O BOX 140743	
City-St-Zip:	CORAL GABLES, FL 33114	
Title:	MGRM	( ) Delete
Name:	ACUNA, ANA	
Address:	10065 N.W 46TH STREET APT # 203	
City-St-Zip:	DORAL, FL 33178	
Title:	MGRM	( ) Delete
Name:	ESPINO, JORGE	
Address:	10795 N.W 70 STREET	
City-St-Zip:	DORAL, FL 33178	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	EMERALD GLOBAL ENTERPRISES, INC.	
Address:	50 MENORES AVE. APT # 722	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	CRABALONA, FRANCOISE	
Address:	P.O BOX 140743	
City-St-Zip:	CORAL GABLES, FL 33114	

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 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 Statutes.

SIGNATURE: FRANK F MALPARTIDA MGRM 05/10/2009

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