


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000095286 1. Entity Name KROJBASPA INVESTMENT CORP.	
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Principal Place of Business 18335 COLLINS AVE. #212 SUNNY ISLES FL 33160	Mailing Address 1313 N 30 COURT HOLLYWOOD FL 33021
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2. Principal Place of Business - No P.O. Box # _____ Suite, Apt. #, etc. _____	3. Mailing Address Suite, Apt. #, etc. _____
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2nd MOORE CR2E034 (4/07)

City & State _____	City & State _____
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4. FEI Number 80-0024150	Applied For <input type="checkbox"/> Not Applicable
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Zip _____	Country _____	Zip _____	Country _____
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOUILLIOUX, GLORIA 5284 SANCERRE CIRCLE LAKE WORTH FL 33463

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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**FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> Delete
NAME	BATALLA, GLORIA
STREET ADDRESS	1313 N 30 COURT
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	TD <input type="checkbox"/> Delete
NAME	FOUILLIOUX, GLORIA
STREET ADDRESS	5284 SANCERRE CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	VD <input type="checkbox"/> Delete
NAME	SANCHEZ, PAMELA
STREET ADDRESS	668 STANTON DRIVE
CITY-ST-ZIP	WESTON FL 33326
TITLE	S <input type="checkbox"/> Delete
NAME	DUCKWORTH, BRENDA
STREET ADDRESS	3255 NW 102 AVE
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000773861
STREET ADDRESS	09/11/07-80001-021 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Batalla* Gloria Batalla 8-31-07 9549872885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #