

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90067 027 ***158.75

DOCUMENT # P01000095286

1. Entity Name

KROJBASPA INVESTMENT CORP.



Principal Place of Business

18335 COLLINS AVE.
#212
SUNNY ISLES FL 33160

Mailing Address

1313 N 30 COURT
HOLLYWOOD FL 33021

50017010



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

80-0024150

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUILLIOUX, GLORIA
1149 N.W. 13TH ST #12
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5284 Sancerre Circle

City Lake worth

FL

Zip Code 33463

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

Gloria Fouilloux

Gloria Fouilloux

2-16-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BATALLA, GLORIA ☐ Delete
STREET ADDRESS 1313 N 30 COURT
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE TD ☐ Delete
NAME FOUILLIOUX, GLORIA
STREET ADDRESS 1149 N.W. 13 ST #12
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☐ Delete
NAME SANCHEZ, PAMELA
STREET ADDRESS 18955 40 ST NORTH
CITY-ST-ZIP LAXA HACHEE FL 33470

TITLE S ☐ Delete
NAME DUCKWORTH, BRENDA
STREET ADDRESS 3255 NW 102 AVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 5284 Sancerre Circle
STREET ADDRESS Lake worth FL 33463
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 18955 49 ST North
STREET ADDRESS Loxa hatchee FL 33470
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

2-16-05 9543220250