


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 019 ***150.00

DOCUMENT # P04000152636			
1. Entity Name KROBUD INC.			
Principal Place of Business 1331 S DIXIE HWY UNIT #B-2 POMPANO BEACH FL 33060		Mailing Address 1331 S DIXIE HWY UNIT #B-2 POMPANO BEACH FL 33060	
2. Principal Place of Business 1331 S. DIXIE HWY.		3. Mailing Address 2851 N.W. 78th AVE	
Suite, Apt. #, etc. UNIT B-2		Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State MARGATE, FL	
Zip 33060	Country BROWARD	Zip 33063	Country BROWARD



1st MOORE CR2E034 (10/05)

4. FEI Number 05-0609280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			
7. Name and Address of New Registered Agent Name ALEX ALIJEWICZ, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 14105 TECOMA DRIVE City WELLINGTON FL Zip Code 33414			

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 *Alex Alijewicz* DATE 2/27/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KROPIEWNICKI, STANISLAW 1331 S DIXIE HWY UNIT #B-2 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stanislaw Kropiwnicki* DATE 2/27/06 (954) 647-5257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR