


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000001190	
<b>1. Entity Name</b> BRIJONAL ENTERPRISES, INC.	

<b>Principal Place of Business</b> 6043 NW 6 CT MIAMI, FL 33127	<b>Mailing Address</b> 6043 NW 6 CT MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-NP CR2E037 (10/03)

<b>4. FCI Number</b> 01-0631309	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WALKER, JUANITA  
6043 NW 6 CT  
MIAMI, FL 33127

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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is required when reconstituting) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	WALKER, JUANITA
<b>STREET ADDRESS</b>	16767 NW 19 CT
<b>CITY ST ZIP</b>	PEMBROKE PINES, FL 33028
<b>TITLE</b>	DS
<b>NAME</b>	LEWIS, LOLA
<b>STREET ADDRESS</b>	1831 NW 155 ST
<b>CITY ST ZIP</b>	OPA LOCKA, FL 33054
<b>TITLE</b>	DT
<b>NAME</b>	CLARKE, LEE G
<b>STREET ADDRESS</b>	8510 N. SHERMON CIR #C202
<b>CITY ST ZIP</b>	MIRAMAR, FL 33025
<b>TITLE</b>	DT2
<b>NAME</b>	WALKER, EDWARD A
<b>STREET ADDRESS</b>	16767 NW 19 CT
<b>CITY ST ZIP</b>	PEMBROKE PINES, FL 33028
<b>TITLE</b>	DS
<b>NAME</b>	WALKAM, BRITTANI D
<b>STREET ADDRESS</b>	16767 NW 19 CT
<b>CITY ST ZIP</b>	PEMBROKE PINES, FL 33028
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY ST ZIP</b>	

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03/18/05-80070-003 70.00

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **2/10/05** **305-986-9395**

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