

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000001190 1. Entity Name BRIJONAL ENTERPRISES, INC.	
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Principal Place of Business 6043 NW 6 CT. MIAMI, FL 33127	Mailing Address 6043 NW 6 CT MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0631309	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JUANITA
3582 DOVE COTE MEADOW LN
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

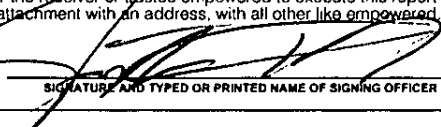
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11000000942822
05/29/08-80037-001 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALKER, JUANITA 3582 DOVE COTE MEADOW DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LEWIS, LOLA 1631 NW 155 ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CLARKE, LEE G 8510 N. SHERMON CIR #C202 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT2 WALKER, EDWARD A 3582 DOVE COTE MEADOW LN DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WALKAR, BRITTANI D 3582 DOVE COTE MEADOW LN DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/08