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.

Principal Place of Business	Mailing Address
6043 NW 6 CT. MIAMI, FL 33127	6043 NW 6 CT MIAMI, FL 33127

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04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0631309

☐ Applied For
☐ Not Applicable

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

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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 required when reinstating)

000000942822
05/29/08-80037-001 70.00

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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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: _____ 4/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #