2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N02000001190

Entity Name: BRIJONAL ENTERPRISES, INC.

Current Principal Place of Business:

6043 NW 6 CT
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

6043 NW 6 CT
MIAMI, FL 33127

New Mailing Address:

3582 DOVECOTE MEADOW LANE
DAVIE, FL 33328

FEI Number: 01-0631309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	WALKER, JUANITA	
Address:	3582 DOVE COTE MEADOW	
City-St-Zip:	DAVIE, FL 33328	
Title:	DS	( ) Delete
Name:	LEWIS, LOLA	
Address:	1631 NW 155 ST	
City-St-Zip:	OPA LOCKA, FL 33054	
Title:	DT	( ) Delete
Name:	CLARKE, LEE G	
Address:	8510 N. SHERMON CIR #C202	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	DT2	( ) Delete
Name:	WALKER, EDWARD A	
Address:	3582 DOVE COTE MEADOW LN	
City-St-Zip:	DAVIE, FL 33328	
Title:	DS	( ) Delete
Name:	WALKAR, BRITTANI D	
Address:	3582 DOVE COTE MEADOW LN	
City-St-Zip:	DAVIE, FL 33328	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA WALKER DP 04/14/2009

Electronic Signature of Signing Officer or Director — Date