




**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90013 011 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000039694</b>		
1. Entity Name N. & P. ENTERPRISE, INC.		
Principal Place of Business 3904 N ARMENIA AVE TAMPA, FL 33607		Mailing Address 3904 N ARMENIA AVE TAMPA, FL 33607
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BARRIONUEVO, NIDIA 1511 W KIRBY ST TAMPA, FL 33604		<b>66010693</b>  04012008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3515563 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BARRIONUEVO, NIDIA	
STREET ADDRESS	1511 W KIRBY ST	
CITY- ST- ZIP	TAMPA, FL 33604	
TITLE	D	
NAME	BARRIONUEVO, PEDRO G	
STREET ADDRESS	1511 W KIRBY ST	
CITY- ST- ZIP	TAMPA, FL 33604	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		