

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000167350

**Entity Name:** FAAL ENTERPRISES, INC.

**Current Principal Place of Business:**

840 WESLEY CIR  
APT # 108  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 162562  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 20-2046616

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FAAL SHAHRIVAR, SOOSAN  
840 WESLEY CIR  
APT # 108  
APOPKA, FL 32703 US

*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

**Officer/Director Detail :**

Title            D  
Name            FAAL SHAHRIVAR, SOOSAN  
Address        840 WESLEY CIR  
                  APT #108  
City-State-Zip: APOPKA FL 32703

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOOSAN FAAL SHAHRIVAR

**PRINCIPAL**

**02/02/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date