

2016 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

01/27/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date