

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167350

Entity Name: FAAL ENTERPRISES, INC.

FILED  
Feb 15, 2011  
Secretary of State

**Current Principal Place of Business:**

416 SUMMIT RIDGE PLACE  
APT # 110  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162562  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

FEI Number: 20-2046616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAAL SHAHRIVAR, SOOSAN  
416 SUMMIT RIDGE PLACE  
APT # 110  
LONGWOOD, FL 32779 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: D  
Name: FAAL SHAHRIVAR, SOOSAN  
Address: 416 SUMMIT RIDGE PLACE APT # 110  
City-St-Zip: LONGWOOD, FL 32779

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

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02/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date