

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000023037

**Entity Name:** FALAFEL QUEEN INC

**Current Principal Place of Business:**

1080 S PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084-6018

**Current Mailing Address:**

6110 POWERS AVE  
SUITE 12  
JACKSONVILLE, FL 32217 US

**FEI Number:** 45-3796156

**Certificate of Status Desired:** No

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

NC ACCOUNTING INC  
6110 POWERS AVE  
SUITE 12  
JACKSONVILLE, FL 32217 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 P  
Name LAROCQUE, EVA H  
Address 707 BLACK OAK CT  
City-State-Zip: ST AUGUSTINE, FL 32086

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:** EVA LAROCQUE

**PRESIDENT**

**03/24/2020**

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

\_\_\_\_\_  
Date