


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90010 039 \*\*\*158.75

**DOCUMENT # F01000003124**

1. Entity Name  
DALFEN CROSSROADS ENTERPRISES INC.



Principal Place of Business 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEBEC H3Z 1R2, CANADA,	Mailing Address 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEBEC H3Z 1R2, CANADA,
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2327596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, THOMAS C ESQ.  
825 BRICKELL BAY DRIVE  
SUITE 1648  
MIAMI, FL 33131-2920

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IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST DALFEN, MURRAY 4444 STE-CATHERINE OUEST, SUITE 100 QUEBEC H3Z 1R2, CANADA,
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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: (MURRAY DALFEN) *Murray Dalfen* JAN. 13/06 (514)938-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #