2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003124

1. Entity Name

DALFEN CROSSROADS ENTERPRISES INC.



FILED Feb 13, 2007 08:00 AM Secretary of State

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,



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01102007 No Chg-P

CR2E034 (11/05)

Applied For Not Applicable

4. FEI Number 52-2327596

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

COBB, THOMAS C ESQ. 825 BRICKELL BAY DRIVE

SUITE 1648 MIAMI, FL 33131-2920

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signators, typnid or printed name of registered agent and title it applicable. (NOTE: Registered				required when reinstating)	DAIL
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST DALFEN, MURRAY 4444 STE-CATHERINE OUEST, SUITE 100 QUEBEC H3Z 1R2, CANADA,				000000634615 02/22/07-80018-018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/22/07-80018-018 158.75		
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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: _

TITLE NAME STREET ADDRESS

SIGNATURE AND MEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb. 7 2007

(514)938-1050