

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90026 024 ***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,		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2327596	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3841 NE 2ND AVE, STE 305 City MIAMI FL Zip Code 33137		
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 _____					
FILE NOW!!! FEE IS \$450.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST DALFEN, MURRAY 4444 STE-CATHERINE OUEST, SUITE 100 QUEBEC H3Z 1R2, CANADA.		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Murray Dalfen</u>		APRIL 3/08		514 938 1050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MURRAY DALFEN		Date Daytime Phone #	