## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F01000003124

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**FILED** Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90026 024 \*\*\*158.75

1. Entity Nam DALFEN		OADS ENT	ERPRISE	ES INC.			)					
Principal Place	e of Business		1	Mailing Address			3.	•				
4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT			4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEBEC H3Z 1R2, CANADA,			1111111				ł 11818 41814 B18	1 <b>60</b> 1 (4 1 <b>0 0</b> 4	
2. Principal Place of Business - No P.O. Box #			ox # 3	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			0401200	8 Chg-	P	CR2E03	4 (12/06)	
City & State				City & State			4. FEI Number 52-2327596				plied For t Applicable	
Zip	Country			Zip Country		try		ate of Status D		edh <sup>j</sup>	8.75 Add ee Required	
	6. Name	and Address of	Current Reg	istered Agent			7. Name a	ind Address	of New R	egistered A	gent	
CORD TH	0140 C F	-00				Name						
COBB, TH 825 BRICK SUITE 164	CELL BAY					Street Address	(P.O. Box Nu	mber is Not A	ceptable	)		
MIAMI, FL		)20 🔭 🥎	!				VE 21	UD AVE	, ۶	TE 30		
						City M/A	MI			FL	Zip Code	37
8. The above the obligat	named entity ions of registe	submits this state	atement for the	purpose of changing its	s register	ed office or registe	ered agent, or	both, in the S	ate of Flo	rida. I am fa	miliar with,	and accept
		•	•									
SIGNATURE	Signature, typed	or printed name of reg	istered agent and to	de it applicable. (NO	TE: Registere	d Agent signature require	red when reinstating	)		DATE		
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MURRAY

APRIL 3/08

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