


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90249 039 ***158.75

DOCUMENT # F96000000918
 1. Entity Name
DALFEN BOYNTON ENTERPRISES INC.



Principal Place of Business Mailing Address
4444 STE CATHERINE WEST #100 **4444 STE CATHERINE WEST #100**
WESTMOUNT QUEBEC CANADA, h3z-1r2 **WESTMOUNT QUEBEC CANADA, h3z-1r2**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

03032005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
98-0166061 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
COBB, THOMAS C ESQ
1399 SW 1 AVE #400
MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name **THOMAS C. COBB**
 Street Address (P.O. Box Number is Not Acceptable)
825 BRICKELL BAY DRIVE, SUITE 1648
 City **MIAMI** FL Zip Code **33131-2920**

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 *Thomas Cobb* DATE **4/29/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DCPS	<input type="checkbox"/> Delete
NAME	DALFEN, MURRAY	
STREET ADDRESS	4444 STE CATHERINE WEST #100	
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **4/11/05** **514-938-1050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #