

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90345 002 ***158.75

DOCUMENT # F96000006321

1. Entity Name
DALFEN SARNO ENTERPRISES, INC.



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

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



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0166060	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☒ **\$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**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	PST DALFEN, MURRAY 4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA,
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC DALFEN, MURRAY 4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA,
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY DALFEN **APR 3, 2006** **514-938-1050**

Date

Daytime Phone #