


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F96000006321</b><br>1. Entity Name<br><b>DALFEN SARNO ENTERPRISES, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4444 STE CATHERINE WEST #100<br/>WESTMOUNT QUEBEC CANADA, h3z-1r2</b> | Mailing Address<br><b>4444 STE CATHERINE WEST #100<br/>WESTMOUNT QUEBEC CANADA, h3z-1r2</b> |
|---|---|



01122007 No Chg-P CR2E034 (11/05)

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

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>COBB, THOMAS C ESQ<br/>825 BRICKELL BAY DRIVE<br/>SUITE 1648<br/>MIAMI, FL 33131-2920</b> |
|---|

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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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**U000000709354  
04/24/07-80151-008 158.75**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>DALFEN, MURRAY<br/>4444 STE CATHERINE WEST #100<br/>WESTMOUNT QUEBEC CANADA,</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DC<br/>DALFEN, MURRAY<br/>4444 STE CATHERINE WEST #100<br/>WESTMOUNT QUEBEC CANADA,</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 15, 2007** **514-938-1050**  
Date Daytime Phone #