


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90025 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 98-0166060	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COBB, THOMAS C ESCOBAR 825 BRICKELL BAY DRIVE SUITE 1648 MIAMI, FL 33131-2920			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			3841 NE 2ND AVE, STE 305		
			City MIAMI		FL
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, 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	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALFEN, MURRAY	NAME			
STREET ADDRESS	4444 STE CATHERINE WEST #100	STREET ADDRESS			
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA,	CITY-ST-ZIP			
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALFEN, MURRAY	NAME			
STREET ADDRESS	4444 STE CATHERINE WEST #100	STREET ADDRESS			
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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		5149381050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MURRAY DALFEN		Date Daytime Phone #	