

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-29-2005 90251 031 \*\*\*158.75

**DOCUMENT # F96000006384**  
 1. Entity Name  
**DALFEN SUNSHINE ENTERPRISES INC.**



Principal Place of Business Mailing Address  
**%MURRAY DALFEN** **%MURRAY DALFEN**  
**4444 STE CATHERINE W STE 100** **4444 STE CATHERINE W STE 100**  
**WESTMOUNT QUEBEC CANADA, H3Z-1-2 CA** **WESTMOUNT QUEBEC CANADA, H3Z-1-2 CA**

**14009371**



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 **59-2392726** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBB, THOMAS C ESQ**  
**1399 SW 1ST AVE #400**  
**MIAMI, FL 33130**

Name  
**COBB, THOMAS, C**  
 Street Address (P.O. Box Number is Not Acceptable)  
**825, BRICKELL 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 *Murray C Dalfen* **4/26/05**  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DCPS</b> <b>DALFEN, MURRAY</b> <b>4444 STE CATHERINE W STE 100</b> <b>WESTMOUNT QUEBEC CANADA,</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DALFEN, MURRAY</b> <b>4444 STE CATHERINE WEST STE 100</b> <b>WESTMOUNT QUEBEC CANADA,</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, PRESIDENT** **04/26/05 (514) 338-1050**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #