

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-17-2006 90346 023 ***158.75

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1. Entity Name
DALFEN SUNSHINE ENTERPRISES INC.



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

Mailing Address
**%MURRAY DALFEN
4444 STE CATHERINE W STE 100
WESTMOUNT QUEBEC CANADA, CN H3Z-1-2**

40049654



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**COBB, THOMAS C ESQ.
825 BRICKELL DR, STE 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
**DCPS
DALFEN, MURRAY
4444 STE CATHERINE W STE 100
WESTMONT QUEBEC, CN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
DALFEN, MURRAY
4444 STE CATHERINE WEST STE 100
WESTMONT QUEBEC, CN**

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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 PRESIDENT

Date

03/12/06 (514) 938-1050

Daytime Phone #