2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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

514938-1050

DOCUMENT # F9600006384 1. Entity Name DALFEN SUNSHINE ENTERPRISES INC.								04-14-2008 90026 026 ***158.75							
Principal Place	Mailing Address														
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			· ·			.∄ III									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				III					LO HUDO JERU BI		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				-							
Suite, Apt. #, etc.								0401	2008	Chg-P	(CR2E03	34 (12/06)		
City & State				City & State				4. FEI	Numbe	r			Aj	oplied For	
÷			ļ	<u> </u>				59-2392726 Not Applicable							
Zip	Country			Zip Coun				5 Ce	rtificate :	of Status De	sired		8.75 Add		
	•											• -	ee Require	d	
	6. Name	e and Address of C	urrent R	egistered Agent				7. Na:	me and	Address of	New Regis	stered A	gent		
0000 711	014400		Na	Name											
COBB, THOMAS C ESQ 825 BRICKELL DR, STE 1648							Street Address (P.O. Box Number is Not Acceptable)								
MIAMI, FL				<u> </u>											
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or .		;				Cit						FI	Zip Coo	le	
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the obligat	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.														
0.01	Signature, typed	d or printed name of register	red agent an	id tide if applicable.	(NOTE: Registe	red Agen	nt signature require	d when reins	tating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees															
10.		OFFICER	DIRECTORS 11.				ADDI	TIONS/	CHANGES 1	O OFFICE	RS AND	DIRECTOR	S IN 11		
TITLE	DCPS		T11	TLE							Change	Addition			
NAME	DALFEN, MURRAY					AME									
STREET ADDRESS	Ł	E CATHERINE W		REET AOD											
CITY-ST-ZIP	WESTMO	OND QUEBEC, C	Ct.	TY-ST-ZI	ZIP										
TITLE	T Delete												Change	Addition	
NAME	DALFEN, MURRAY														
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12. hereby	certify that the	he information suppl	lied with t	this filing does not qua	alify for the e	exempti	tions containe	d in Cha	pter 119	, Florida Sta	tutes. I furt	ther certi	ly that the	information	
indicated of the cor	l on this repo rporation or	ort or supplemental : the receiver or truste	report is t ee empov	true and accurate and wered to execute this r rith all other like empoy	that my sigr eport as req	nature s	shall have the	e same led	dai ettec	t as it made	under oatr	ı; (natla	m an office	r or alrector	

SIGNATURE AND TYPED OF PRINTED NAME OF SHAWING OFFICER OR DIRECTOR MURRAY DALFEN