


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90040 009 ***158.75

DOCUMENT # F97000005599 1. Entity Name DALFEN CASCADES ENTERPRISES INC.	
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Principal Place of Business 4444 ST CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3Z- R2	Mailing Address 4444 ST CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3Z- R2
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50030741



2. Principal Place of Business 4444 STE - CATHERINE W. Suite, Apt. #, etc. SUITE 100 City & State WESTMOUNT, QC Zip H3Z 1R2 Country CANADA	3. Mailing Address 4444 STE - CATHERINE W. Suite, Apt. #, etc. SUITE 100 City & State WESTMOUNT QC Zip H3Z 1R2 Country CANADA
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03162005 Chg-P CR2E034 (10/03)

4. FEI Number 98-0178264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COBB, THOMAS C 1399 SW FIRST AVENUE SUITE 400 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name THOMAS C COBB Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL BAY DR. SUITE 1648 City MIAMI FL Zip Code 33131-2920
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DALFEN, MURRAY 4444 ST CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 3/16/05 514-938-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #