

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-17-2006 90346 022 \*\*\*158.75

**DOCUMENT # F97000005599**

1. Entity Name  
**DALFEN CASCADES ENTERPRISES INC.**



Principal Place of Business <b>4444 ST. CATHERINE W.          SUITE 100          WESTMOUNT QUEBEC CANADA, H3Z- -R2</b>	Mailing Address <b>4444 ST. CATHERINE W.          SUITE 100          WESTMOUNT QUEBEC CANADA, H3Z- -R2</b>
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**40049655**



01112006 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>98-0178264</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COBB, THOMAS C  
 825 BRICKELL BAY DR.  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PSTD DALFEN, MURRAY 4444 ST CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA,
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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: *Murray Dalfen* **MURRAY DALFEN PRESIDENT** 04/12/06 (514) 938-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #