

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005599

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4444 STE-CATHERINE ST., WEST  
SUITE 100  
WESTMOUNT, QC H3Z 1R2 CA

**New Principal Place of Business:**

**Current Mailing Address:**

4444 STE-CATHERINE ST., WEST  
SUITE 100  
WESTMOUNT, QC H3Z 1R2 CA

**New Mailing Address:**

**FEI Number:** 98-0178264      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DRAKES, SHELLY  
C/O NISAN REALTY - 5575 SEMORAN BLVD.  
SUITE 5015  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** DALFEN, MURRAY  
**Address:** 100-4444 STE-CATHERINE ST., WEST  
**City-St-Zip:** WESTMOUNT, QC H3Z 1R2 CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MURRAY DALFEN

PRES

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date