


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2005 90040 010 ***158.75

DOCUMENT # P96000061735

1. Entity Name
DALFEN AMERICA CORP.



Principal Place of Business
4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3Z- R2 CA

Mailing Address
4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3Z- R2 CA

50030740



2. Principal Place of Business
4444 STE-CATHERINE W
 Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
4444 STE-CATHERINE W
 Suite, Apt. #, etc.
SUITE 100

03162005 Chg-P CR2E034 (10/03)

City & State
WESTMOUNT, QC

City & State
WESTMOUNT, QC

4. FEI Number
98-0166063

Applied For
 Not Applicable

Zip
H3Z1R2

Country
CANADA

Zip
H3Z1R2

Country
CANADA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, THOMAS C ESQ.
1399 SW FIRST AVENUE STE 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

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME DALFEN, MURRAY	
STREET ADDRESS 4444 STE CATHERINE WEST #100	
CITY- ST- ZIP WESTMOUNT QUEBEC CANADA, H3Z -1R2	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 #