


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-14-2008 90025 032 \*\*\*158.75

DOCUMENT # P96000061735					
1. Entity Name DALFEN AMERICA CORP.					
Principal Place of Business 4444 STE CATHERINE WEST #100 WESTMOUNT, QUEBEC, H3Z 1R2 CANADA, XX			Mailing Address 4444 STE CATHERINE WEST #100 WESTMOUNT, QUEBEC, H3Z 1R2 CANADA, XX		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 98-0166063	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COBB, THOMAS C ESQ. 825 BRICKELL BAY DR STE 1648 MIAMI, FL 33131-2920			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			3841 NE 2ND AVE, STE 305		
			City MIAMI FL Zip Code 33137		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALFEN, MURRAY 4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3Z -1R2	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>M Dalfen</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>MURRAY DALFEN</u>		Date <u>APRIL 3/08</u> Daytime Phone # <u>514.938.1050</u>	