

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90010 037 \*\*\*158.75

**DOCUMENT # P97000074159**

1. Entity Name  
DALFEN FLORIDA CORP.



Principal Place of Business  
4444 STE CATHERINE #100  
WESTMOUNT, QUEBEC, H3Z 1R2  
CANADA, XX

Mailing Address  
4444 STE CATHERINE W.  
SUITE #100  
WESTMOUNT QUEBEC CANADA, H3Z- R2



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
58-2392727

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

COBB, THOMAS C ESQ  
825 BRICKELL BAY DR SUITE 1648  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DALFEN, MURRAY
STREET ADDRESS	4444 STE CATHERINE WEST #100
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 and powered.

SIGNATURE: (MURRAY DALFEN) *m d g*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 13/06 (514) 938-1050  
Date Daytime Phone #