2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000074159

Entity Name: DALFEN FLORIDA CORP.

Current Principal Place of Business:	**New Principal Place of Business:**
4444 STE CATHERINE #100 WESTMOUNT, QUEBEC, H3Z 1R2 CANADA, XX	4444 STE-CATHERINE ST.,WEST SUITE 100 WESTMOUNT, QC H3Z1R2 CD
Current Mailing Address:	**New Mailing Address:**
4444 STE CATHERINE W. SUITE #100 WESTMOUNT QUEBEC CANADA, H3Z- R2	4444 STE CATHERINE W. SUITE #100 WESTMOUNT, QC H3Z 1R2 CD

FEI Number: 58-2392727   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COBB, THOMAS C ESQ 3841 NE 2ND AVE STE 305 MIAMI, FL 33137 US	

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete	Title:	PRES (X) Change ( ) Addition
Name:	DALFEN, MURRAY	Name:	DALFEN, MURRAY
Address:	4444 STE CATHERINE WEST #100	Address:	100-4444 STE-CATHERINE STREET, WEST
City-St-Zip:	WESTMOUNT QUEBEC CANADA,	City-St-Zip:	WESMOUNT, QC H3Z 1R2 CD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MURRAY DALFEN   PRES   03/31/2009

       Electronic Signature of Signing Officer or Director   Date