


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 046 ***150.00

| | |
|---|---|
| DOCUMENT # P02000115556 1. Entity Name BLACK COFFEE ALCHEMY, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business C/O CRUSH 584 BROADWAY, STE. 1102 NEW YORK, NY 10012 | Mailing Address C/O W.E.C. 15 E 26TH ST STE 1803 NEW YORK, NY 10010 |
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 36-4511220 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

NEPTUNE, CHAD
3120 HIDDEN HOLLOW LANE
DAVIE, FL 33328

**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

Chad Neptune

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEPTUNE, CHAD 3120 HIDDEN HOLLOW LANE DAVIE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LORDOBA, DERICK <i>Cordoba, Derrick</i> P.O. BOX 612382 <i>305 SE 11th Ave Unit D</i> POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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 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 an other like empowered.

SIGNATURE:

Chad Neptune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04
Date

22-683-420
Daytime Phone #