


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 043 ***150.00

DOCUMENT # 0299740550

1. Entity Name
BLACK COFFEE ALCHEMY, INC.



Principal Place of Business Mailing Address
 C/O W.E.C. 15 E 26TH ST C/O W.E.C. 15 E 26TH ST
 NEW YORK, NY 10010 NEW YORK, NY 10010

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

*C/O W.E.C. - 22 W. 21 ST.
 9th Floor
 NEW YORK NY
 10010*



08312005 Chg-P CR2E034 (10/03)

4. File Number
 36-4511220

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

7. Name and Address of Registered Agent

City State Zip Code

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in both the State of Florida and in the United States, to meet the obligations of registered agent.

SIGNATURE _____
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEPTUNE, CHAD		NAME		
STREET ADDRESS	3120 HIDDEN HOLLOW LANE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOBA, DERICK		NAME		
STREET ADDRESS	305 SE 11TH AVE UNIT D		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Chad Neptune*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #