

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-06-2005 90138 043 \*\*\*150.00

DOCUMENT # 0200110550

1. Entity Name  
**BLACK COFFEE ALCHEMY, INC.**



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

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
C/O W.E.C. - 22 W. 21 ST.  
9th Floor  
NEW YORK NY

City & State  
NEW YORK NY

Zip  
10010

Country

**50065158**



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  
NEPTUNE, CHAD  
3120 HIDDEN HOLLOW LANE  
DAVIE, FL 33328

City  
FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in both or either case, and hereby certifies that it is in compliance with 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 NAME STREET ADDRESS CITY-ST-ZIP	D NEPTUNE, CHAD 3120 HIDDEN HOLLOW LANE DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOBA, DERICK 305 SE 11TH AVE UNIT D POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # \_\_\_\_\_