


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-06-2005 90100 040 ***158.75

DOCUMENT # P04000092767 1. Entity Name BLACK ENCHANTRESS, INC.					
Principal Place of Business 3910 WESTVIEW WEST PALM BEACH, FL 33407			Mailing Address 3910 WESTVIEW WEST PALM BEACH, FL 33407		
2. Principal Place of Business 3910 Westview		3. Mailing Address 3910 Westview			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State West palm		City & State West palm		4. FEI Number 76-0781411	
Zip 33407		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STUBBS, CYNTHIA M 3910 WESTVIEW WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Cynthia M Stubbs Street Address (P.O. Box Number is Not Acceptable) 3910 Westview City West palm FL Zip Code 33407		
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 <u><i>Cynthia M Stubbs</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUBBS, CYNTHIA M 3910 WESTVIEW WEST PALM BEACH, FL 33407 <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	<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: <u><i>Cynthia M Stubbs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-26-05</u> Daytime Phone # <u>561-312-9011</u>		

Division of Corporations

Invalid FEI number

Attachment
#pat000092767
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and this is the number the (IRS) gave me
you my contact me at 561-845-1159

Cynthia Stultz