-2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L81647

 Entity Name INTUITIVE INVESTMENTS, INC.

FILED Apr 02, 2004 08:00 AM Secretary of State

Principal Place of Business

3274 W. BUENA VISTA DRIVE MARGATE, FL 33063 Mading Address

3274 W. BUENA VISTA DRIVE MARGATE, FL 33063



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03172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0202536 Not Applied Solve \$8.75 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, MINDY W 3274 W. BUENA VISTA DRIVE MARGATE, FL 33063

STREET ADDRESS CITY-ST-ZIP

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 Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered			Agent signature	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution			îng 🗆	\$5.00 May Be Added to Fees	000000102026 04/02/04-80037-013 150.00	
10.	OFFICERS AND DIREC	CTORS		··· · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PT LEE, MINDY W 3274 W. BUENA VISTA DRIVE MARGATE, FL 33063				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ILYAVI, REZA 3274 W. BUENA VISTA DRIVE MARGATE, FL 33063				· -	
TITLE NAME STREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·			
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: V SUPERIOR DE PRINTED NAME OF STEMMING OFFICE

V3-29-09

V 959-856-0216