2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N43545

1. Entity Name
INTELLIGENTSIA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6017 NW 27TH TERR GAINESVILLE, FL 32606	P.O. BOX 1577 LABELLE, FL 33975

04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3067313
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPECE, JOHN C.
18 MARINA DRIVE
PORT LABELLE VILLAS
LABELLE, FL 33935

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPECE, JOHN C.
STREET ADDRESS	18 MARINA DRIVE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	GLOVER, CAROLE
STREET ADDRESS	837 WALKER RD.
CITY-ST-ZIP	GREAT FALLS, VA
TITLE	D
NAME	SOLAREV, ILYA
STREET ADDRESS	7 WORLD TRADE CENTER
CITY-ST-ZIP	NEW YORK, NY 100482627
TITLE	D
NAME	MEUCCJ, MICHGLA L
STREET ADDRESS	2729 COLONIAL BLVD #108
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80110-014 61.25

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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 617, 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: John C. Capece JOHN C. CAPECE 4/22/04 863-674-5729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #