

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N43545	
1. Entity Name INTELLIGENTSIA INTERNATIONAL, INC.	

Principal Place of Business 6017 NW 27TH TERR GAINESVILLE, FL 32606	Mailing Address P.O. BOX 1577 LABELLE, FL 33975
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04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3067313	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPECE, JOHN C. 18 MARINA DRIVE PORT LABELLE VILLAS LABELLE, FL 33935
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**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPECE, JOHN C. 18 MARINA DRIVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, CAROLE 837 WALKER RD. GREAT FALLS, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLAREV, ILYA 7 WORLD TRADE CENTER NEW YORK, NY 100482627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEUCCJ, MICHGLA L 2729 COLONIAL BLVD #108 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80167-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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 **4/25/05** **863-674-5827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #