


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90012 016 ****61.25

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
---	---

40073111



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3067313

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPECE, JOHN C.	
STREET ADDRESS	18 MARINA DRIVE	
CITY-ST-ZIP	LABELLE, FL 33935	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLOVER, CAROLE	
STREET ADDRESS	837 WALKER RD.	
CITY-ST-ZIP	GREAT FALLS, VA	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLAREV, ILYA	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK, NY 100482627	

TITLE	D	<input type="checkbox"/> Delete
NAME	FIDLER, MICHAL	
STREET ADDRESS	132 NORTH LEE ST	
CITY-ST-ZIP	LABELLE, FL 33935	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DZALAEVA, SABINA-MARGARITA	
STREET ADDRESS	132 N LEE ST	
CITY-ST-ZIP	Labelle FL 33935	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Capece
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 863 674 5722
Date Daytime Phone #