

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007335

**Entity Name:** THE CLEO INSTITUTE INC.**Current Principal Place of Business:**11000 RED ROAD  
PINECREST, FL 33156**Current Mailing Address:**12915 SW 83RD COURT  
MIAMI, FL 33156**FEI Number:** 27-3185735**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title MS.  
Name LEWIS, CAROLINE  
Address 12915 SW 83RD COURT  
City-State-Zip: MIAMI FL 33156

Title MR.  
Name FACELLA, MARIO  
Address 12915 SW 83RD COURT  
City-State-Zip: MIAMI FL 33156

Title DR.  
Name LEVERETT, LYNN  
Address 12915 SW 83RD COURT  
City-State-Zip: MIAMI FL 33156

Title DR.  
Name WANLESS, HAROLD  
Address 12915 SW 83RD COURT  
City-State-Zip: MIAMI FL 33156

Title MS.  
Name SORENSON, KATY  
Address 12915 SW 83RD COURT  
City-State-Zip: MIAMI FL 33156

Title MS.  
Name HOROWITZ, CARA  
Address 12915 SW 83 COURT  
City-State-Zip: MIAMI FL 33156

Title MS.  
Name CASTILLO, KARINA  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLINE LEWIS**EXECUTIVE DIRECTOR****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date