

2018 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:**8325 NE 2ND AVENUE
203
MIAMI, FL 33137 US**FEI Number:** 27-3185735**Certificate of Status Desired:** No**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 EXECUTIVE DIRECTOR
Name LEWIS, CAROLINE
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title DIRECTOR
Name LEVERETT, LYNN DR.
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title DIRECTOR
Name HOROWITZ, CARA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title DIRECTOR
Name DIETCH, DANIEL
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title PRESIDENT
Name FACELLA, MARIO
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title DIRECTOR
Name WANLESS, HAROLD PHD
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title VP, TREASURER
Name HOROWITZ, BERNARD DR.
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156Title DIRECTOR
Name FREEDMAN, EDWINE
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156**Continues on page 2**

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****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORALES, JOHN
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name MARTIN, DAVID
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name REYNOLDS, DELANEY
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name BAGUÉ, IRELA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name PINTO, JULIET
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name O'CHANEY, MONICA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156