


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90034 003 \*\*\*150.00

DOCUMENT # F01000002436			
1. Entity Name CLIO INVESTMENTS LIMITED, INC.			
Principal Place of Business 444 BRICKELL AVE., #300 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVE., #300 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 1000 Brickell Ave. Suite, Apt. #, etc. Suite 1025 City & State Miami, FL Zip 33131		3. Mailing Address 1000 Brickell Ave. Suite, Apt. #, etc. Suite 1025 City & State Miami, FL Zip 33131	
6. Name and Address of Current Registered Agent NEWTON III, WILLIAM H 444 BRICKELL AVE., #300 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name William H. Newton, III Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Ave. Ste 1025 City Miami FL Zip Code 33131	
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: <u>William H. Newton, III</u> DATE: <u>1/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIRST EXECUTIVE DIRECTORS, INC. <input type="checkbox"/> Delete 1401 BRICKELL AVE., #850 MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Overseas Services Int'l Corp. 1001 Brickell Bay Drive, Ste 1716 Miami, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: <u>Tridix Dixon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/7/08</u> Daytime Phone #: <u>305-373 0840</u>	
On behalf of FIRST EXECUTIVE DIRECTORS INC.		On behalf of FIRST COMPANY DIRECTORS INC.	

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