


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000089629</b>	
1. Entity Name CLEO REALTY, INC.	

Principal Place of Business 2240 SW 70TH AVE SUITE H DAVIE, FL 33317	Mailing Address 2240 SW 70TH AVE SUITE H DAVIE, FL 33317
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04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0789588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RUELLE, MARK 2240 SW 70TH AVE SUITE H DAVIE, FL 33317
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAND-BIAL, DEBORAH 21 HEMLOCK TERRACE RANDOLPH, MA 02368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUELLE, MARK 2240 SW 70TH AVE, SUITE H DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUTTER, JUDITH 52 NOANETT RD. NEEDHAM, MA 02194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80019-013 150.00

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 the empowered.

**SIGNATURE:**  **954-376-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #