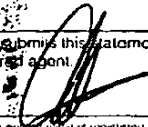


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-02-2007 90008 010 ***150.00

DOCUMENT # P97000033863					
1. Entity Name CALEDONIA CORPORATION					
Principal Place of Business 777 BRICKELL AVENUE SUITE 1201 MIAMI FL 33131			Mailing Address 777 BRICKELL AVENUE SUITE 1201 MIAMI FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0762453	
				☐ Applied For ☐ Not Applicable	
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		
KNIGHT, JEFFERSON P 777 BRICKELL AVENUE SUITE 1070 MIAMI FL 33131			Name Eugenio P. Mendoza		
			Street Address (P.O. Box Number is Not Applicable) 777 Brickell Avenue Suite 1201		
			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  1/20/07					
Signature, typed or printed name of registered agent and fee is applicable (NOTE: Nonresident Agents signature required when not listed) (DATE)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	☐ Delete D CANEDO, ANDREA 777 BRICKELL AVENUE - SUITE 1201 MIAMI FL 33131	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY ST ZIP			
☐ Delete TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY ST ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Andrea Canedo Andrea Canedo White 3/15/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					