

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

07 MAY -9 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004466

1. Entity Name  
CALEDONIAN DEVELOPMENT CORP.



Principal Place of Business

801 BRICKELL AVE.  
16TH FLOOR  
MIAMI, FL 33131

Mailing Address

801 BRICKELL AVE.  
16TH FLOOR  
MIAMI, FL 33131

*[Handwritten Signature]*



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
98-0198282

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent (not used if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

000103017110  
05/22/07--01025--008 \*\*1700.00

**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 DPST  
NAME DE OTADUY, JAVIER  
STREET ADDRESS MONTE CARLO STAR, 1580 PRINCE LOUIS II  
CITY-ST-ZIP 98000 MONTECARLO MONACO,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

(305)381-8340

Date Daytime Phone #