


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L99688 1. Entity Name FLETCHER SMITH INC.			
Principal Place of Business 2801 PONCE DE LEON BLVD. STE. 1055 CORAL GABLES, FL 33134 US		Mailing Address 2801 PONCE DE LEON BLVD. STE. 1055 CORAL GABLES, FL 33134 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 65-0217837	
		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 THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	GUERIN, ERIC L		
STREET ADDRESS	22RUE DU CARROUSEL, PARC DE LA CIMA		
CITY- ST- ZIP	VILLENEUVE D'ASCQ, FRANCE, 59666		
TITLE	ST		
NAME	PERERA, NORMA S.		
STREET ADDRESS	2801 PONCE DE LEON BLVD., 31055		
CITY- ST- ZIP	CORAL GABLES, FL 33134		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Norma S. Perera</i> Norma S. Perera <i>3/16/05</i> (305) 448-2845		Date Daytime Phone #	