2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90008 031 ***150.00

DOCUMENT # L99688

1. Entity Name
FLETCHER SMITH INC.

Principal Place of Business	Mailing Address
2801 PONCE DE LEON BLVD. STE. 1055 CORAL GABLES, FL 33134 US	2801 PONCE DE LEON BLVD. STE. 1055 CORAL GABLES, FL 33134 US

40026544

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7300 N. KENDALL DRIVE		7300 N. KENDALL DRIVE	
Suite, Apt. #, etc.: SUITE 542		Suite, Apt. #, etc.: SUITE 542	
City & State: MIAMI, FLORIDA		City & State: MIAMI, FLORIDA	
Zip: 33156	Country: US	Zip: 33156	Country: US

01262007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0217837 ☐ 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
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERIN, ERIC L 22RUE DU CARROUSEL, PARC DE LA CIMAI VILLENEUVE D'ASCQ, FRANCE, 59666 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERERA, NORMA S. 2801 PONCE DE LEON BLVD., 31055 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERERA, NORMA S. 7300 N. KENDALL DRIVE, SUITE 542 MIAMI, FL 33156 ☒ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Norma S. Perera 01/26/2007 (305) 670-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
400266544
#L99688

Payment advice

Document/date
700141 / 02/19/2007
Your account with us
300562

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam,

Please use the 15411 check (700141 payment) to clear the items listed below:

Doc.	Your doc.	Date	Discnt	Gross amount
100055	2007 ANNUAL RPT	01/29/2007	0.00	150.00
Sum total			0.00	150.00

Payment doc.	Date	Currency	Payment amount