

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-06-2008 90037 020 ***150.00

DOCUMENT # P04000103807
 1. Entity Name
 PSR MANAGEMENT, INC.



Principal Place of Business
 242 ALGIERS AVE
 FORT LAUDERDALE, FL 33308

Mailing Address
 6550 N FEDERAL HWY
 220
 FT LAUDERDALE, FL 33308

66003875



DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
 51-0514949

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOTTE, JOHN F ESQ
 6550 N FEDERAL HWY
 STE 220
 FORT LAUDERDALE, FL 33308

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 _____ DATE _____
Signature, typed name, and address of officer or director, if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	RILEY, PATRICIA S
STREET ADDRESS	242 ALGIERS AVE
CITY - ST - ZIP	LAUDERDALE BY TH SEA, FL 33308
TITLE	D
NAME	RILEY, PATRICIA S
STREET ADDRESS	242 ALGIERS AVE
CITY - ST - ZIP	LAUDERDALE BY TH SEA, FL 33308
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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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 officers empowered.

SIGNATURE: Patricia S Riley 03/11/08 (954) 830-4099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #