2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am Secretary of State DOCUMENT # P97000082982 1. Entity Name 03-09-2004 90045 038 ***150.00 PSD ENTERPRISE, INC. Principal Place of Business Mailing Address 3936 SOUTH SEMORAN 3936 SOUTH SEMORAN 24020313 ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3479663 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ DHANRAJ, PETER Street Address (P.O. Box Number is Not Acceptable) 3784 CRESCENT PK BLVD ORLANDO FL 32812 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P. PETER DHANRAS ☐ Change TITLE TITLE □ Delete 3784 CRESCENT PIL BIYD DHANRAJ, PETER NAME MAME 441 SONOMA VALLEY CIR STREET ADDRESS STREET ADDRESS ORCANDO PL. 32812 TS. SHANRAJ DAMYANTE Change 3784 CRUSCONT K BIND ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE DHANRAJ, DAMYANTIE NAME NAME STREET ADDRESS 441 SONOMA VALLEY CIR STREET ADDRESS ORLANDO FL. 32812 CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE vs TITLE ☐ Change ☐ Addition ☐ Delete NAME === DHANRAJ, PETER S = MAME STREET ADORESS 441 SONOMA VALLEY CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITI F ☐ Change Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(i), 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 pectiver 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

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TETER DHANRAJ

SIGNATURE:

SIGNATURE AND TYPED OR

FILED