

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000082982

1. Entity Name
PSD ENTERPRISE, INC.



Principal Place of Business
3936 SOUTH SEMORAN
ORLANDO, FL 32822

Mailing Address
3936 SOUTH SEMORAN
ORLANDO, FL 32822



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number 59-3479663 | 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

DHANRAJ, PETER
3784 CRESCENT PK BLVD
ORLANDO, FL 32812

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | DHANRAJ, PETER |
| STREET ADDRESS | 3784 CRESCENT PK BLVD. |
| CITY-ST-ZIP | ORLANDO, FL 32812 |

| | |
|----------------|-----------------------|
| TITLE | TS |
| NAME | DHANRAJ, DAMYANTIE |
| STREET ADDRESS | 3784 CRESENT PK BLVD. |
| CITY-ST-ZIP | ORLANDO, FL 32812 |

| | |
|----------------|-----------------------|
| TITLE | VS |
| NAME | DHANRAJ, PETER S |
| STREET ADDRESS | 441 SONOMA VALLEY CIR |
| CITY-ST-ZIP | ORLANDO, FL 32835 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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07/05/07-80002-001 150.00

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 supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/07 401-281-1640