

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000030452

**Entity Name:** PSD FL MANAGEMENT , INC.

**Current Principal Place of Business:**

1124 ROUTE 202 SOUTH STE B9  
RARITAN, NJ 08869

**Current Mailing Address:**

1124 ROUTE 202 SOUTH STE B9  
RARITAN, NJ 08869

**FEI Number:** 92-3609756

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DIBRE, PATRICK  
Address 1124 ROUTE 202 SOUTH STE B9  
City-State-Zip: RARITAN NJ 08869

Title D  
Name DIBRE, PATRICK  
Address 1124 ROUTE 202 SOUTH STE B9  
City-State-Zip: RARITAN NJ 08869

Title S  
Name DIBRE, PATRICK  
Address 1124 ROUTE 202 SOUTH STE B9  
City-State-Zip: RARITAN NJ 08869

Title T  
Name DIBRE, PATRICK  
Address 1124 ROUTE 202 SOUTH STE B9  
City-State-Zip: RARITAN NJ 08869

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICK DIBRE**

**CFO**

**01/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date