

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000006755

1. Entity Name
INTERSTATE REALTY SERVICES CORP.



Principal Place of Business
**8177 GLADES RD, STE 209
BOCA RATON, FL 33434**

Mailing Address
**8177 GLADES RD, STE 209
BOCA RATON, FL 33434**



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1881402	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

**SINGER, DEL T
8177 GLADES RD, STE 209
BOCA RATON, FL 33434**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

U00000918508
05/13/08-88086-003-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SINGER, DEL T 7351 VALENCIA DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WASACZ, STANLEY 2140 LEE ROAD CLEVELAND HEIGHTS, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAUL, SUSAN 20895 PINAR TRAIL BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, JOANNE R 7351 VALENCIA DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL, MICHAEL J 20895 PINAR TRAIL BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Del T. Singer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2008 *561-883-7800*
Date Daytime Phone #

DEL T. SINGER