


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90143 024 ***150.00

DOCUMENT # K57346 1. Entity Name INTERSAL, INC.	
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Principal Place of Business C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324	Mailing Address C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0103990	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

HAFT, GLENN
 1200 S. PINE ISLAND ROAD
 SUITE 475
 PLANTATION, FL 33324

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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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTERS, PHILIP 221-18 MERRICK BLVD. JAMAICA, NY 11413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FIELDS, ALLAN N 4141 N. 41ST ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLEETER, LOUIS J 2255 GLADES ROAD, #236-W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAFT, GLENN R 1200 S. PINE ISLAND RD. #475 PLANTATION, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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: Glenn R. Haft **GLENN R. HAFT** 3/5/05 (954) 476-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #