

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57346

FILED  
Feb 18, 2011  
Secretary of State

Entity Name: INTERSAL, INC.

**Current Principal Place of Business:**

C/O GLENN HAFT  
1200 S. PINE ISLAND RD., SUITE 475  
PLANTATION, FL 333244470 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GLENN HAFT  
1200 S. PINE ISLAND RD., SUITE 475  
PLANTATION, FL 333244470 US

**New Mailing Address:**

FEI Number: 65-0103990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAFT, GLENN  
1200 S. PINE ISLAND ROAD  
SUITE 475  
PLANTATION, FL 333244470 US

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

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: PLEETER, LOUIS J  
Address: 11012 MALAYSIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: CD  
Name: FIELDS, ALLAN N  
Address: 4141 N. 41ST ST.  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: TD  
Name: HAFT, GLENN R  
Address: 1200 S. PINE ISLAND RD. SUITE 475  
City-St-Zip: PLANTATION, FL 333244470 US

Title: P  
Name: REEDER, DAVID  
Address: 1781 ACADEMY ST NE  
City-St-Zip: PALM BAY, FL 32905 US

Title: VP  
Name: WEINSTEIN, DAVID  
Address: 17 BARSTOW DR SUITE 309  
City-St-Zip: GREAT NECK, NY 11021 US

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: GLENN HAFT

TR

02/18/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date