


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90028 015 \*\*\*150.00

<b>DOCUMENT # 228686</b>					
1. Entity Name FLORIDA SONESTA CORPORATION					
Principal Place of Business 116 HUNTINGTON AVENUE FLOOR 9 BOSTON, MA 02116		Mailing Address 116 HUNTINGTON AVENUE FLOOR 9 BOSTON, MA 02116			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1286077	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN RIEL, BOY A.J.		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNABEND, PETER		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNABEND, STEPHEN		NAME		
STREET ADDRESS	350 OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNABEND, ROGER		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAKOUSKAS, DAVID A.		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADERA, FELIX		NAME		
STREET ADDRESS	350 OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
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 or 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: _____		SEC. & V.P.		1/12/05 617-421-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50006986



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1286077 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input type="checkbox"/> Delete
NAME	VAN RIEL, BOY A.J.	
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CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SONNABEND, PETER	
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SONNABEND, STEPHEN	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SONNABEND, ROGER	
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAKOUSKAS, DAVID A.	
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	V	<input type="checkbox"/> Delete
NAME	MADERA, FELIX	
STREET ADDRESS	350 OCEAN DRIVE	
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: \_\_\_\_\_ SEC. & V.P. 1/12/05 617-421-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #