

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 564450

FILED
Apr 14, 2009
Secretary of State

Entity Name: SONESTA SUNNY ISLES, INC.

Current Principal Place of Business:

116 HUNTINGTON AVE. FL. 9
BOSTON, MA 02116

New Principal Place of Business:

Current Mailing Address:

116 HUNTINGTON AVE. FL. 9
BOSTON, MA 02116

New Mailing Address:

FEI Number: 06-0974518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SONNABEND, ROGER
Address: 260 CRANDON BLVD., THE SQUARE #C-12
City-St-Zip: KEY BISCAIYNE, FL 33149

Title: PD () Delete
Name: SONNABEND, STEPHEN
Address: 260 CRANDON BLVD., THE SQUARE #C-12
City-St-Zip: KEY BISCAIYNE, FL 33149

Title: VSD () Delete
Name: SONNABEND, PETER
Address: 116 HUNTINGTON AVENUE, FLOOR 9
City-St-Zip: BOSTON, MA 02116

Title: VTD () Delete
Name: VAN RIEL, BOY A.J.
Address: 116 HUNTINGTON AVENUE, FLOOR 9
City-St-Zip: BOSTON, MA 02116

Title: AS () Delete
Name: RAKOUSKAS, DAVID A.
Address: 116 HUNTINGTON AVENUE, FLOOR 9
City-St-Zip: BOSTON, MA 02116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: SONNABEND, STEPHANIE
Address: 116 HUNTINGTON AVE. FLOOR 9
City-St-Zip: BOSTON, MA 02116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID A RAKOUSKAS

AS

04/14/2009

Electronic Signature of Signing Officer or Director

Date