


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000099769
 1. Entity Name
 SABRINA II, INC.



Principal Place of Business 99 NESBIT ST PO DRAWER 511447 PUNTA GORDA, FL 33951 US	Mailing Address 99 NESBIT ST PO DRAWER 511447 PUNTA GORDA, FL 33951 US
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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1500381	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
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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	D NICHOLAS, PETER M 58 CHESTNUT STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PARAFESTAS, ANASTASIOS ONE JOY ST BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVERSTEIN, LAWRENCE I 150 FEDERAL STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BELOFF, ALAN W 150 FEDERAL STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/26/05-80012-005 150.00

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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: Anastasio Parafestas 2.19.05 617-720-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Anastasio Parafestas