

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099769

Entity Name: SABRINA II, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

99 NESBIT ST
PO DRAWER 511447
PUNTA GORDA, FL 33951 US

New Principal Place of Business:

Current Mailing Address:

99 NESBIT ST
PO DRAWER 511447
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: 06-1500381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: D () Delete
Name: NICHOLAS, PETER M
Address: 58 CHESTNUT STREET
City-St-Zip: BOSTON, MA 02108

Title: PT () Delete
Name: PARAFESTAS, ANASTASIOS
Address: ONE JOY ST
City-St-Zip: BOSTON, MA 02108

Title: S () Delete
Name: SILVERSTEIN, LAWRENCE I
Address: 150 FEDERAL STREET
City-St-Zip: BOSTON, MA 02109

Title: AS () Delete
Name: BELOFF, ALAN W
Address: 150 FEDERAL STREET
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANASTASIOS PARAFESTAS

PT

03/16/2009

Electronic Signature of Signing Officer or Director

Date