


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000004042  
 1. Entity Name  
 MARTIN BROTHERS INTERNATIONAL, INC.



Principal Place of Business  
 20 THORNDAL CIRCLE  
 DARIEN, CT 06820

Mailing Address  
 20 THORNDAL CIRCLE  
 DARIEN, CT 06820



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3485911

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

**DO NOT WRITE IN THIS SPACE**

B. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

00000156677  
 35/05/04-60085-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GILSENAN, MIKE
STREET ADDRESS	459 EAST 16 ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32203
TITLE	VD
NAME	BRITTON, ROBERT A
STREET ADDRESS	20 THORNDAL CIRCLE
CITY - ST - ZIP	DARIEN, CT
TITLE	SD
NAME	ZIEGLER, KARL H
STREET ADDRESS	20 THORNDAL CIRCLE
CITY - ST - ZIP	DARIEN, CT
TITLE	CD
NAME	ZIEGLER, WILLIAM T
STREET ADDRESS	20 THORNDAL CIRCLE
CITY - ST - ZIP	DARIEN, CT
TITLE	VD
NAME	MANN, TIMOTHY
STREET ADDRESS	459 EAST 16 ST.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	V
NAME	CORASANITI, RALPH
STREET ADDRESS	20 THORNDAL CIRCLE
CITY - ST - ZIP	DARIEN, CT

**DO NOT WRITE IN THIS SPACE**

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:  RALPH P. CORASANITI 4/30/04 203-604-8614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #