


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 20 THORNDAL CIRCLE 20 THORNDAL CIRCLE
 DARIEN, CT 06820 DARIEN, CT 06820

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3485911 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

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 _____

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

U00000195369
 01/26/05-80025-020 150.00

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)(f), 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 Corasaniti* 1/21/05 Day/Time Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date