

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 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**



03092007 No Chg-P CR2E034 (11/05)

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**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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 V
NAME CORASANITI, RALPH
STREET ADDRESS 20 THORNDAL CIRCLE
CITY-ST-ZIP DARIEN, CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000673936
03/29/07-80049-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2007

Date

203-650-8000

Daytime Phone #