
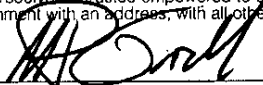


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90027 031 \*\*\*150.00

<b>DOCUMENT # 826589</b>					
1. Entity Name <b>BANFI PRODUCTS CORPORATION</b>					
Principal Place of Business 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 US			Mailing Address 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, JAMES		NAME	DI BELARINO, PHILIP	
STREET ADDRESS	1111 CEDAR SWAMP RD		STREET ADDRESS	1111 CEDAR SWAMP ROAD	
CITY - ST - ZIP	OLD BROOKVILLE, NY 11545		CITY - ST - ZIP	OLD BROOKVILLE NY 11545	
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, HARRY		NAME	MILES, THOMAS	
STREET ADDRESS	1111 CEDAR SWAMP RD		STREET ADDRESS	1111 CEDAR SWAMP ROAD	
CITY - ST - ZIP	OLD BROOKVILLE, NY 11545		CITY - ST - ZIP	OLD BROOKVILLE NY 11545	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, THERESE		NAME	MCCANNY - BERT, SHARON	
STREET ADDRESS	111 CEDAR SWAMP RD		STREET ADDRESS	1111 CEDAR SWAMP ROAD	
CITY - ST - ZIP	OLD BROOKVILLE, NY 11545		CITY - ST - ZIP	OLD BROOKVILLE NY 11545	
TITLE	C	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, JOHN F JR		NAME	BACCHIONI, JUDITH	
STREET ADDRESS	111 CEDAR SWAMP RD		STREET ADDRESS	1111 CEDAR SWAMP ROAD	
CITY - ST - ZIP	OLD BROOKVILLE, NY 11545		CITY - ST - ZIP	OLD BROOKVILLE NY 11545	
TITLE	V	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI MAY, CRISTINA		NAME	GOODRICH, MARC	
STREET ADDRESS	1111 CEDAR SWAMP RD		STREET ADDRESS	1111 CEDAR SWAMP ROAD	
CITY - ST - ZIP	OLD BROOKVILLE, NY 11545		CITY - ST - ZIP	OLD BROOKVILLE NY 11545	
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, PHILIP D		NAME		
STREET ADDRESS	1111 CEDAR SWAMP RD		STREET ADDRESS		
CITY - ST - ZIP	OLD BROOKVILLE, NY 11545		CITY - ST - ZIP		
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: 		Date: 7/11/07		Dying Phone #: (516) 269-9200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					