## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 8:00 am Secretary of State

Indicate Place of Business   Mailing Actionss   Titl CEAR SWAMP RD   OLD BROOKVILLE NY 11545 US   US   OLD BROOKVILLE NY 11545 US	DOCUMENT # 826589  1. Entity Name BANFI PRODUCTS CORPORATION						04-11-2008	90035 044	***150	0.00
Surie, Apt. *, etc.    Surie, Apt. *, etc.   Surie, Apt. *, etc.   O4032008   Chg.P   CR2E034 (12/05)	1111 CEDAR SWAMP RD		1111 CEDAR SWAMP RD			E INDIRI (DIEN II	IN	8/8/1 8/8/1 8/8/1 BRB/		FBI IA IB <b>e</b> a
City & State  City & State Desired  Secretication of Status Desired  Readured  Secretication of Status Desired  Readured  City FL  Zip Code  City  FL  Z	Principal Place of Business - No P.O. Box #     3. Mailing Address									
The above named ording submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.    FILE NOWITH FEE IS \$150.00   AFTICE NOWITH FEE IS \$15	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032008	Chg-P	CR2E034 (	12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address of Not Acceptable  7. Defended Agent  8. The Address of Not Acceptable  9. Election Campaign Financing  9. St. Defended Agent  9. Defended New Registered Agent  9. Defended New Regi	City & State		City & State				010		<del></del>	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324    City   FL   Zip Code	Zip	Country	Zip	Country		5. Certificate of	Status Desired			
CORPORATION SYSTEM 200 S. PINE ISLAND ROAD PLANTATION, FL 33324    City   FL   Zip Code		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Ro	egistered Agen	it	
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  MARIANI, JAMES  SIRELADORSS  SIRELADORSS  OITY-SI-2P  OLD BROOKVILLE, NY 11545  OLD	1200 S. PINE ISLAND ROAD									
SIGNATURE Syndum: mend or protect range of apparent apper, and site 4 audicable  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  FILE WC.  MARIANI, JAMES SIRE! MORES 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545  FILE NOW!!! FEE IS \$150.00  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFF				City	<del></del> -			FL	Zip Code	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/  ITILE  MARIANI, JAMES  MARIANI, JAMES  1111 CEDAR SWAMP RD  OLD BROCKVILLE, NY 11545  THE DEBITE NAME  MARIANI, JOHN F JR  SIREF ADDRSS  CITY-ST-2P  OLD BROCKVILLE, NY 11545  THE COMMARK  MARIANI, JOHN F JR  SIREF ADDRSS  1111 CEDAR SWAMP RD  OLD BROCKVILLE, NY 11545  THE COMMARK  MARIANI, JOHN F JR  SIREF ADDRSS  1111 CEDAR SWAMP RD  OLD BROCKVILLE, NY 11545  THE COMMARK  MARIANI, JOHN F JR  SIREF ADDRSS  1111 CEDAR SWAMP RD  OLD BROCKVILLE, NY 11545  THE COMMARK  MARIANI, JOHN F JR  SIREF ADDRSS  1111 CEDAR SWAMP RD  OLD BROCKVILLE, NY 11545  THE COMMARK  MARIANI, JOHN F JR  SIREF ADDRSS  1111 CEDAR SWAMP RD  OLD BROCKVILLE, NY 11545  THE COMMARK  MARIANI, JOHN F JR  SIREF ADDRSS										
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  THE MAKE MAKE MAKE STREET ADDRESS CITY-ST-2IP OLD BROOKVILLE, NY 11545  TITLE THOMAS, MILES STREET ADDRESS CITY-ST-2IP OLD BROOKVILLE, NY 11545  TITLE THOMAS, MILES STREET ADDRESS CITY-ST-2IP OLD BROOKVILLE, NY 11545  TITLE CARA SWAMP RO OLD BROOKVILLE, NY 11545  TITLE CARA										
TITLE MAKE MARIANI, JAMES STREET ADDRESS STREET ADD	, it it is \$ 100.00									
MARIANI, JAMES SIREI ADDRESS S	10	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	ANGES TO OFFI	CERS AND DIR	ECTORS	IN 11
Title   P	NAME STREET ADDRESS	MARIANI, JAMES 1111 CEDAR SWAMP RD	☐ Delete	NAME STREET ADDRESS				- nd	Change	Addition
THOMAS, MILES  STREET ADDRESS  CITY-SI-ZIP  OLD.BROOKVILLE, NY 11545  Delete  NAME  MARIANI, JOHN F JR  STREET ADDRESS  CITY-SI-ZIP  OLD BROOKVILLE, NY 11545  Delete  NAME  MARIANI MAY, CRISTINA  STREET ADDRESS  CITY-SI-ZIP  OLD BROKVILLE, NY 11545  Delete  NAME  MARIANI MAY, CRISTINA  STREET ADDRESS  CITY-SI-ZIP  OLD BROKVILLE, NY 11545  Delete  NAME  MARIANI MAY, CRISTINA  STREET ADDRESS  CITY-SI-ZIP  OLD BROKVILLE, NY 11545  Delete  NAME  STREET ADDRESS  CITY-SI-ZIP  OLD BROKVILLE, NY 11545	NAME STREET ADDRESS	MARIANI, HARRY 1111 CEDAR SWAMP RD	☐ Delete	NAME STREET ADDRESS			,,,,,,		Change	Addition
ITILE C MARIANI, JOHN F JR STREET ADDRESS 111 CEDAR SWAMP RD CITY-ST-ZIP OLD BROOKVILLE, NY 11545  Delete    ITILE   C   Change   Addition	NAME STREET ADDRESS	THOMAS, MILES 111 CEDAR SWAMP RD	□ Delete	NAME STREET ADDRESS	Mc	CEDAR SU	VAMP MOA	ShARRON	Change	Addition
TITLE NAME MARIANI MAY, CRISTINA SIREET ADDRESS 1111 CEDAR SWAMP RD CITY-ST-ZIP OLD BROKVILLE, NY 11545  TITLE VS NAME CALDERONE, PHILIP D SIREET ADDRESS 1111 CEDAR SWAMP RD CITY-ST-ZIP OLD BROKVILLE, NY 11545  Delete  TITLE VS NAME CALDERONE, PHILIP D SIREET ADDRESS 1111 CEDAR SWAMP RD CITY-ST-ZIP OLD BROOKVILLE, NY 11545  CITY-ST-ZIP OLD BROOKVILLE, NY 11545  CITY-ST-ZIP OLD BROOKVILLE, NY 11545	NAME STREET ADDRESS	MARIANI, JOHN F JR 111 CEDAR SWAMP RD	☐ Delete	NAME STREET ADDRESS	V	enen 50n. I	Tudith		Change	Addition
NAME CALDERONE, PHILIP D  SIBLET ADDRESS  1111 CEDAR SWAMP RD  SIREET ADDRESS  CITY-ST-ZIP  OLD BROOKVILLE, NY 11545  NAME  SAVIND, FRANK  1/// CEJAR SWAMP RO  OLD BROOKVILLE, NY 11545  OLD BROOKVILLE, NY 11545	NAME STREET ADDRESS	MARIANI MAY, CRISTINA 1111 CEDAR SWAMP RD	☐ Delete	NAME STREET ADORESS	600	drich, M.	ARC AMP ROAS	_ 	Change	Addition
. I.A. CORREDY LEGIS IDEA REPORTED SUBDIRECT WILLIAM BIRD CORS OUR CORREST OF THE EXECUTION OF THE PROPERTY OF	NAME STHEET ADDRESS CITY-ST-ZIP	CALDERONE, PHILIP D 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545		NAME STREET ADDRESS CITY-ST-ZIP	V 5 A V 1111	lino, Fra Cedan Si I Brookv	NK NAMP Ro ille, N.)	0 1 11545	-	

12. Thereby certify that the information supplied with the filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or supplemental report of the corporation or the receiver or trusted explowered 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

4/4/08

(5/6) 626-9200

Date