


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-11-2008 90035 044 \*\*\*150.00

**DOCUMENT # 826589**

1. Entity Name  
**BANFI PRODUCTS CORPORATION**




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 #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04032008 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-4941010**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MC</b> MARIANI, JAMES 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MARIANI, HARRY 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> THOMAS, MILES 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> MARIANI, JOHN F JR 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MC</b> MARIANI MAY, CRISTINA 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> CALDERONE, PHILIP D 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> DiBelardino, Philip 1111 CEDAR SWAMP ROAD Old Brookville, NY 11545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> McCarthy-Riech, SHARON 1111 CEDAR SWAMP ROAD OLD BROOKVILLE, NY 11545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> Brenenson, Judith 1111 CEDAR SWAMP ROAD Old Brookville, NY 11545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> Goodrich, MARC 1111 CEDAR SWAMP ROAD Old Brookville, NY 11545 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> SAVINO, FRANK 1111 CEDAR SWAMP ROAD Old Brookville, NY 11545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: \_\_\_\_\_ **4/4/08** (516) 626-9200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #