

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826589

FILED
Apr 01, 2010
Secretary of State

Entity Name: BANFI PRODUCTS CORPORATION

Current Principal Place of Business:

1111 CEDAR SWAMP RD
OLD BROOKVILLE, NY 11545 US

New Principal Place of Business:

Current Mailing Address:

1111 CEDAR SWAMP RD
OLD BROOKVILLE, NY 11545 US

New Mailing Address:

FEI Number: 13-4941010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: MARIANI, JAMES
Address: 1111 CEDAR SWAMP RD
City-St-Zip: OLD BROOKVILLE, NY 11545

Title: P
Name: MARIANI, HARRY
Address: 1111 CEDAR SWAMP RD
City-St-Zip: OLD BROOKVILLE, NY 11545

Title: V
Name: THOMAS, MILES
Address: 111 CEDAR SWAMP RD
City-St-Zip: OLD BROOKVILLE, NY 11545

Title: C
Name: MARIANI, JOHN F JR
Address: 111 CEDAR SWAMP RD
City-St-Zip: OLD BROOKVILLE, NY 11545

Title: C
Name: MARIANI MAY, CRISTINA
Address: 1111 CEDAR SWAMP RD
City-St-Zip: OLD BROOKVILLE, NY 11545

Title: VS
Name: CALDERONE, PHILIP D
Address: 1111 CEDAR SWAMP RD
City-St-Zip: OLD BROOKVILLE, NY 11545

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP D. CALDERONE

VS

04/01/2010

Electronic Signature of Signing Officer or Director

_____ Date