


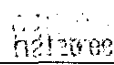
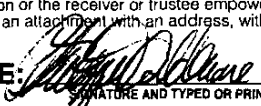
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 041 ***150.00

50003470




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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4941010	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P. O. Box Number is Not Acceptable)			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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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 checked="" type="checkbox"/> Addition
NAME	MARIANI, JAMES		NAME	DI BELARDINO, 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 checked="" 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 type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOETZ, THERESE		NAME	MCCARTHY-PIECH, 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 checked="" type="checkbox"/> Addition
NAME	MARIANI, JOHN F JR		NAME	BREVENSON, 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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, CRISTINA		NAME	MARIANI MAY, CRISTINA	
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 type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, PHILIP D		NAME	CALDERONE, PHILIP D	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: 			Philip D. Calderone, Vice President & Secretary		(516) 626-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			/Date		Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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DOCUMENT # 826589 1. Entity Name BANFI PRODUCTS CORPORATION	
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 13-4941010
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$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
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		C GOODRICH, MARC 1111 CEDAR SWAMP ROAD OLD BROOKVILLE, NY 11577	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Philip D. Calderone Philip D. Calderone, Vice President & Secretary 1/14/05 (516) 626-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #