


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90083 023 \*\*\*150.00

**DOCUMENT # 826589**

1. Entity Name  
**BANFI PRODUCTS CORPORATION**



Principal Place of Business      Mailing Address  
**1111 CEDAR SWAMP RD**      **1111 CEDAR SWAMP RD**  
**OLD BROOKVILLE, NY 11545 US**      **OLD BROOKVILLE, NY 11545 US**

**50002204**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03062006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**13-4941010**       Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANI, JAMES	NAME	DR BELANDINO, 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	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOETZ, THERESE	NAME	MCCANNY-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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANI, JOHN F JR	NAME	BAENENSON, 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANI MAY, CRISTINA	NAME	GOODNICH, 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: *[Signature]*      3/9/06      (516)626-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #