


**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      Mailing Address  
**1111 CEDAR SWAMP RD**      **1111 CEDAR SWAMP RD**  
**OLD BROOKVILLE, NY 11545 US**      **OLD BROOKVILLE, NY 11545 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



04032008      Chg-P      CR2E034 (12/06)

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**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>YC</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIANI, JAMES</b>	NAME	<b>V DiBelardino, Philip</b>
STREET ADDRESS	<b>1111 CEDAR SWAMP RD</b>	STREET ADDRESS	<b>1111 CEDAR SWAMP ROAD</b>
CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>	CITY-ST-ZIP	<b>Old Brookville, NY 11545</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIANI, HARRY</b>	NAME	
STREET ADDRESS	<b>1111 CEDAR SWAMP RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, MILES</b>	NAME	<b>V McCarthy-Riech, SHARON</b>
STREET ADDRESS	<b>111 CEDAR SWAMP RD</b>	STREET ADDRESS	<b>1111 CEDAR SWAMP ROAD</b>
CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>	CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIANI, JOHN F JR</b>	NAME	<b>V Brenenson, Judith</b>
STREET ADDRESS	<b>111 CEDAR SWAMP RD</b>	STREET ADDRESS	<b>1111 CEDAR SWAMP ROAD</b>
CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>	CITY-ST-ZIP	<b>Old Brookville, NY 11545</b>
TITLE	<b>YC</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIANI MAY, CRISTINA</b>	NAME	<b>C Goodrich, MARC</b>
STREET ADDRESS	<b>1111 CEDAR SWAMP RD</b>	STREET ADDRESS	<b>1111 CEDAR SWAMP ROAD</b>
CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>	CITY-ST-ZIP	<b>Old Brookville, NY 11545</b>
TITLE	<b>VS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CALDERONE, PHILIP D</b>	NAME	<b>V SAVINO, FRANK</b>
STREET ADDRESS	<b>1111 CEDAR SWAMP RD</b>	STREET ADDRESS	<b>1111 CEDAR SWAMP ROAD</b>
CITY-ST-ZIP	<b>OLD BROOKVILLE, NY 11545</b>	CITY-ST-ZIP	<b>Old Brookville, NY 11545</b>

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: \_\_\_\_\_      Date: **4/4/08**      Daytime Phone #: **(516) 626-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR