


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 826589</b>	
1. Entity Name <b>BANFI PRODUCTS CORPORATION</b>	

Principal Place of Business <b>1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 US</b>	Mailing Address <b>1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 US</b>
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-4941010</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2004 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	V MARIANI, JAMES 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARIANI, HARRY 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOETZ, THERESE 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MARIANI, JOHN F JR 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARIANI, CRISTINA 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CALDERONE, PHILIP D 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545

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02/17/04-80037-012 150.00

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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 information.

SIGNATURE:  DATE: **2/12/04** (516) 626-9200

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR