

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90040 026 ***150.00

DOCUMENT # F03000003009			
1. Entity Name CITIGROUP RISK BROKERS INC.			
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013		Mailing Address P.O. BOX 31226 TAMPA, FL 33631-3226	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 30509	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip		Zip 336031	
Country		Country USA	
4. FEI Number 02-0692912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	
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)			
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 AS NAME GOMEZ, ROBYN STREET ADDRESS 5800 CITIGROUP CTR DR CITY - ST - ZIP TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Scott Flood STREET ADDRESS 388 Greenwich St CITY - ST - ZIP New York, NY 10013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME FREIDENRICH, SCOTT STREET ADDRESS 388 GREENWICH STREET CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GRAVELINE, ERIC STREET ADDRESS 390 GREENWICH ST CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME CONAHAN, JAMES STREET ADDRESS 111 WALL STREET CITY - ST - ZIP NEW YORK, NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME VERNON, CLIFF STREET ADDRESS 388 GREENWICH STREET. CITY - ST - ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
SIGNATURE		Date 4.21.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			