
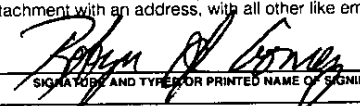


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90227 013 ***150.00

DOCUMENT # F03000006431 1. Entity Name CIGPF I CORP.			
Principal Place of Business 390 GREENWICH, 4TH FLOOR NEW YORK, NY 10013		Mailing Address 3800 CITIGROUP CENTER DR. G2-18 TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 31226 Suite, Apt. #, etc.	
City & State Tampa, FL		4. FEI Number 86-1069185	
Zip 33601-3226		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO COSTA, RANDALL 390 GRAINSICK ST. NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWKE, CHRISTOPHER J 390 GREENWICH ST, 4TH FLOOR NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SEC. ROBYN GOMEZ 3800 CITIGROUP CENTER DR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROSENBERG, ARI 390 GREENWICH ST, 4TH FLOOR NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICECONTE, JAMIE 390 GREENWICH ST, 4TH FLOOR NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREIDENRICH, SCOTT 388 GREENWICH ST. NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANZEL, KEITH 388 GREENWICH ST. NEW YORK, NY 10013	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 like empowered.			
SIGNATURE: 		Date: 4/19/07 Daytime Phone #	