

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006431

FILED
Apr 28, 2008
Secretary of State

Entity Name: CIGPF I CORP.

Current Principal Place of Business:

390 GREENWICH, 4TH FLOOR
NEW YORK, NY 10013

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31226
TAMPA, FL 336313226

New Mailing Address:

P.O. BOX 30509
TAMPA, FL 336313226

FEI Number: 86-1069185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: COSTA, RANDALL
Address: 390 GRAINSICK ST.
City-St-Zip: NEW YORK, NY 10013

Title: AS () Delete
Name: GOMEZ, ROBYN
Address: 3800 CITI GROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

Title: VPT () Delete
Name: ROSENBERG, ARI
Address: 390 GREENWICH ST, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10013

Title: VP () Delete
Name: VICECONTE, JAMIE
Address: 390 GREENWICH ST, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10013

Title: T () Delete
Name: FREIDENRICH, SCOTT
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

Title: AT (X) Delete
Name: ANZEL, KEITH
Address: 388 GREENWICH ST.
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: TSESARSKY, MARK
Address: 388 GREENWICH
City-St-Zip: NEW YORK, NY 10013

Title: AS (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AS

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date