2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113272

Address:

City-St-Zip:

P. O. BOX 18613

TAMPA, FL 33679 US

FILED Apr 12, 2007 Secretary of State

Entity Nan	ne: CIGAF	R CITY, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
306 N. GLE TAMPA, FL		US	1911 N. 19 TAMPA, F	OTH STREE L 33605	ET US		
Current Mailing Address:				New Mailing Address:			
P.O. BOX 1 TAMPA, FL		US	P.O. BOX TAMPA, F		US		
FEI Number:	20-8431058	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FIGUEREDO, LISA M 306 N. GLEN AVE. TAMPA, FL 33609 US			1911 N. 19	FIGUEREDO, LISA M 1911 N. 19TH STREET TAMPA, FL 33679 US			
The above in the State			ourpose of changing	its registere	ed office or registered agent, or both,		
SIGNATURE:				04/12/2007			
	Elect	ronic Signature of Registered Age	ent		Date		
Election Carr	npaign Finan	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P,T FIGUERED P. O. BOX TAMPA, FL	18613	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	P,S FIGUERED P. O. BOX TAMPA, FL		Title: Name: Address: City-St-Zip:	P. O. BOX	(X) Change()Addition DO, MARILYN L 18613 . 33679 US		
Title: Name:	P,D SANTISTER	() Delete	Title: Name:	S SANTISTEI	(X) Change()Addition BAN. VIENNA		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

P. O. BOX 18613

TAMPA, FL 33679 US

SIGNATURE: LISA M. FIGUEREDO Ρ 04/12/2007