

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002789

FILED
May 04, 2004
Secretary of State**Entity Name:** IFE ILE, INC.**Current Principal Place of Business:**4545 NW 7 STREET
13
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**4545 NW 7 STREET
13
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 65-0757333**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORRES, F. NERI
2611 S.W. 3RD ST.
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**TORRES, F. NERI
4845 NW 7 ST. APT. 404-5
MIAMI, FL 33126 US

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: F. NERI TORRES

05/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: TORRES, F. NERI
Address: 4545 NW 7 STREET STE 13
City-St-Zip: MIAMI, FL 33126**Title:** VPD () Delete
Name: SQUIRES, GILBERT K
Address: 444 BRICKELL AVE. SUITE 51-422
City-St-Zip: MIAMI, FL 331312992**Title:** TD () Delete
Name: MORLEY, KENYA S
Address: 1313 NW 43 STREET
City-St-Zip: MIAMI, FL 33142**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: BENJAMIN-FULLER, KAMEELAH
Address: 8952 SW 142 AVENUE APT. 1106
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. NERI TORRES

PD

05/04/2004

Electronic Signature of Signing Officer or Director

Date