


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002789	
1. Entity Name IFE ILE, INC.	

Principal Place of Business 4845 NW 7 STREET 404 MIAMI, FL 33126	Mailing Address 4845 NW 7 STREET 404 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



07212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0757333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, F. NERI
4845 NW 7 ST.
404
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000956890
08/01/08-80004-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, F. NERI 4845 NW 7 STREET #404 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SQUIRES, GILBERT K 767 ARTHUR GODFREY RD. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENJAMIN-FULLER, KAMEELAH 4845 NW 7 ST. #404 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OCHOA, AILEEN 6450 COLLINS AVE. #609 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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: *F. Neri Torres* **F. NERI TORRES** **PRES.** 7/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #