

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DO NOT WRITE IN THIS SPACE**

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



07212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0757333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(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**

U000000956890  
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

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. NERI TORRES  
PRES.

7/25/08

Date

Daytime Phone #