2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002789

Entity Name: IFE ILE, INC.

City-St-Zip: MIAMI BEACH, FL 33141

FILED Mar 22, 2009 Secretary of State

| Littly Na | ille. III E ILE, I | INC. | | | |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 4845 NW 1 | 7 STREET | | | | |
| MIAMI, FL | 33126 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 4845 NW ¹ 404 MIAMI, FL | 7 STREET 33126 | | | | |
| FEI Number | : 65-0757333 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address of | f New Registered Agent: | |
| TORRES, 4845 NW 404 MIAMI, FL | | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (TORRES, F. N 4845 NW 7 ST MIAMI, FL 33 | REET #404 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD (SQUIRES, GIL 767 ARTHUR (MIAMI BEACH | SODFREY RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | , | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SD (OCHOA, AILEE 6450 COLLINS | | Title: Name: Address: | () Change () Addition | |

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: F. NERI TORRES P 03/22/2009