

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002789

FILED
May 04, 2006
Secretary of State

Entity Name: IFE ILE, INC.

Current Principal Place of Business:

4845 NW 7 STREET
404
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4845 NW 7 STREET
404
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0757333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TORRES, F. NERI
4845 NW 7 ST.
404
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, F. NERI
Address: 4845 NW 7 STREET #404
City-St-Zip: MIAMI, FL 33126

Title: VPD () Delete
Name: SQUIRES, GILBERT K
Address: 767 ARTHUR GODFREY RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: BENJAMIN-FULLER, KAMEELAH
Address: 4845 NW 7 ST. #404
City-St-Zip: MIAMI, FL 33126

Title: PR () Delete
Name: OCHOA, AILEEN
Address: 6450 COLLINS AVE. #609
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: NERI TORRES

PD

05/04/2006

Electronic Signature of Signing Officer or Director

Date