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	Mailing Address
4845 NW 7 STREET 404 MIAMI, FL 33126	4845 NW 7 STREET 404 MIAMI, FL 33126

07212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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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 PRES. 7/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #