2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N96000002789

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	SD	( ) 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 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: F. NERI TORRES P 03/22/2009

Electronic Signature of Signing Officer or Director — Date