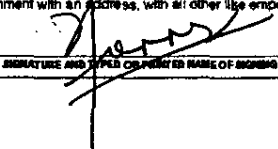


FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90093 001 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002789			
1. Entity Name IFE ILE, INC.			
Principal Place of Business 2611 S.W. 3RD ST. MIAMI, FL 33135		Mailing Address 2611 S.W. 3RD ST. MIAMI, FL 33135	
2. Principal Place of Business 4545 N.W. 7 Street		3. Mailing Address 4545 N.W. 7 St	
Suits, Apt. #, etc. 13		Suits, Apt. #, etc. 13	
City & State Miami, FL		City & State Miami, FL	
Zip 33126		Country	
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 2611 S.W. 3RD ST. MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 9/9/03			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
Make Check Payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, F. NERI 2611 S.W. 3RD ST. MIAMI, FL 33135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F. Neri Torres ☒ Change ☐ Addition 4545 N.W. 7 St, Ste 13 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SQUIRES, GILBERT K 444 BRICKELL AVE. SUITE 61-422 MIAMI, FL 331312992 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, NANCY 2611 S.W. 3RD ST. MIAMI, FL 33135 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenya S. Morley ☒ Change ☐ Addition 1318 N.W. 43 Street Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: Sept. 9, 2003 (305) 476-0388			