

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002789

**Entity Name:** IFE ILE, INC.

**Current Principal Place of Business:**

4845 NW 7 STREET  
404  
MIAMI, FL 33126

**Current Mailing Address:**

4845 NW 7 STREET  
404  
MIAMI, FL 33126

**FEI Number:** 65-0757333

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Officer/Director Detail :**

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

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

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

Title SD  
Name OCHOA, AILEEN  
Address 6450 COLLINS AVE. #609  
City-State-Zip: MIAMI BEACH FL 33141

Title SD  
Name HUNTER, MELISSA  
Address 1025 SW 112 TERRACE  
City-State-Zip: PEMBROKE PINE FL 33025

*I hereby 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 all other like empowered.*

**SIGNATURE:** F. NERI TORRES

**PRESIDENT**

**04/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date