

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002789

**Entity Name:** IFE ILE, INC.**Current Principal Place of Business:**1336 NW 25 ST.  
MIAMI, FL 33142**Current Mailing Address:**1336 NW 25 ST.  
MIAMI, FL 33142 US**FEI Number:** 65-0757333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, F. NERI  
1336 NW 25 ST.  
MIAMI, FL 33142 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	1336 NW 25 ST.
City-State-Zip:	MIAMI FL 33142

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

Title	TD
Name	BENJAMIN-FULLER, KAMEELAH
Address	1336 NW 25 ST. NONE
City-State-Zip:	MIAMI FL 33142

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

Title	VP
Name	TORRES, CLAUDINA
Address	1336 NW 25 ST.
City-State-Zip:	MIAMI FL 33142

*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****04/16/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date