

2014 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 TD
Name BENJAMIN-FULLER, KAMEELAH
Address 4845 NW 7 ST. #404
City-State-Zip: MIAMI FL 33126

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

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

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

Title VP
Name TORRES, CLAUDINA
Address 4845 NW 7 STREET
404
City-State-Zip: MIAMI FL 33126

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: TORRES, F. NERI

PD

03/23/2014

Electronic Signature of Signing Officer/Director Detail

Date