

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002789

Entity Name: IFE ILE, INC.

FILED  
Apr 15, 2005  
Secretary of State

## Current Principal Place of Business:

4545 NW 7 STREET  
13  
MIAMI, FL 33126

## Current Mailing Address:

4545 NW 7 STREET  
13  
MIAMI, FL 33126

## New Principal Place of Business:

4845 NW 7 STREET  
404  
MIAMI, FL 33126

## New Mailing Address:

4845 NW 7 STREET  
404  
MIAMI, FL 33126

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. APT. 404-5  
MIAMI, FL 33126 US

## Name and Address of New 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: F. NERI TORRES

04/15/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TORRES, F. NERI  
Address: 4545 NW 7 STREET STE 13  
City-St-Zip: MIAMI, FL 33126

Title: VPD ( ) Delete  
Name: SQUIRES, GILBERT K  
Address: 444 BRICKELL AVE. SUITE 51-422  
City-St-Zip: MIAMI, FL 331312992

Title: TD ( ) Delete  
Name: BENJAMIN-FULLER, KAMEELAH  
Address: 8952 SW 142 AVENUE APT. 1106  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TORRES, F. NERI  
Address: 4845 NW 7 STREET #404  
City-St-Zip: MIAMI, FL 33126

Title: VPD (X) Change ( ) Addition  
Name: SQUIRES, GILBERT K  
Address: 767 ARTHUR GODFREY RD.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change ( ) Addition  
Name: BENJAMIN-FULLER, KAMEELAH  
Address: 4845 NW 7 ST. #404  
City-St-Zip: MIAMI, FL 33126

Title: PR ( ) Change (X) Addition  
Name: OCHOA, AILEEN  
Address: 6450 COLLINS AVE. #609  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date