

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000052731

Entity Name: OBIXLIFE US INC.**Current Principal Place of Business:**11693 W. ATLANTIC BLVD
SUITE 804
CORAL SPRINGS, FL 33071**Current Mailing Address:**11693 W. ATLANTIC BLVD
SUITE 804
CORAL SPRINGS, FL 33071**FEI Number:** 45-5206472**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**QUINTERO, GIOVANNI
11693 W. ATLANTIC BLVD
SUITE 804
CORAL SPRINGS, FL 33071 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	CEO
Name	QUINTERO, GIOVANNI
Address	11693 W. ATLANTIC BLVD #4
City-State-Zip:	CORAL SPRINGS FL 33071

Title	VP
Name	ECHEVERRIA, BIANCA M
Address	11693 W. ATLANTIC BLVD #4
City-State-Zip:	CORAL SPRINGS FL 33071

Title	VP
Name	URREGO, DORA L
Address	2610 RIVERSIDE RD. #8
City-State-Zip:	CORAL SPRINGS FL 33071

Title	VP
Name	QUINTERO, ORLANDO
Address	11677 W. ATLANTIC BLVD #23
City-State-Zip:	CORAL SPRINGS FL 33071

Title	PRESIDENT
Name	GUZMAN, RAFAEL A
Address	11693 W. ATLANTIC BLVD SUITE 804
City-State-Zip:	CORAL SPRINGS FL 33071

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GIOVANNI QUINTERO

CEO

05/01/2013

Electronic Signature of Signing Officer/Director Detail_____
Date