

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000044106

**Entity Name:** ORABASICS INC.

**Current Principal Place of Business:**

3660 NOGALES ST  
SUITE D  
WEST COVINA, CA 91792

**Current Mailing Address:**

3660 NOGALES ST  
SUITE D  
WEST COVINA, CA 91792 US

**FEI Number:** 46-2823866

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PETER CAMACHO P.A.  
224 DATURA ST  
1315  
WEST PALM BEACH, FL 33401 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            PRESIDENT  
Name            MARIN, OSCAR  
Address        3660 NOGALES ST  
                  SUITE D  
City-State-Zip: WEST COVINA CA 91792

Title            VP  
Name            MORALES, RAFAEL  
Address        3660 NOGALES ST  
                  SUITE D  
City-State-Zip: WEST COVINA CA 91792

*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:** RAFAEL MORALES

VP

04/30/2014

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

\_\_\_\_\_  
Date