2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 026 ***158.75

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04302007 Chg-P CR2E034 (12/06)

DOCUMENT # 316107

1. Entity Name
MASON DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
5105 N.W. 159 ST HIALEAH, FL 33014	9990 SW 77 AVE, STE 330 MIAMI, FL 33156-2699

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HIALEAH, FL 33014
Zip	Zip: 33014
Country	Country: Miami-Dade

4. FEI Number: 59-1260850 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARGOLIS, JOHN A. 9990 SW 77 AVE, ST 330 MIAMI, FL 33156-2699	Name: Kazuhiro Hoshi Street Address (P.O. Box Number is Not Acceptable): 5105 NW 159th St., City: Hialeah FL Zip Code: 33014

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kazuhiro Hoshi 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOD ☒ Delete	TITLE	Chairman and Director ☐ Change ☒ Addition
NAME	RODRIGUEZ, CARLOS J.	NAME	Hachiro Honjo
STREET ADDRESS	5105 N.E. 159TH STREET	STREET ADDRESS	5105 NW 159th St.,
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	STD ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	RODRIGUEZ, JUANA	NAME	Minoru Watanabe
STREET ADDRESS	5105 NW 159TH STREET	STREET ADDRESS	5105 ~~159th~~ NW 159th St.,
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	DP ☒ Delete	TITLE	CEO, Secretary and Director ☐ Change ☒ Addition
NAME	RODRIGUEZ, SONIA C	NAME	Yosuke Honjo
STREET ADDRESS	5105 NORTHWEST 159TH STREET	STREET ADDRESS	5105 NW 159th St.,
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	D ☒ Delete	TITLE	President ☒ Change ☐ Addition
NAME	RODRIGUEZ, MICHELLE	NAME	Ofelia Perez
STREET ADDRESS	5105 NW 159TH STREET	STREET ADDRESS	5105 NW 159th St.,
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	VP ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	PEREZ, OFELIA	NAME	Gary Pigott
STREET ADDRESS	1505 NORTHWEST 159TH STREET	STREET ADDRESS	5105 NW 159th St.,
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	D ☒ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	RODRIGUEZ, CHRISTINE	NAME	Kazuhiro Hoshi
STREET ADDRESS	5105 NW 159TH STREET	STREET ADDRESS	5105 NW 159th St.,
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kazuhiro Hoshi 4/30/07 305-914-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #