


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 316107</b> 1. Entity Name MASON DISTRIBUTORS, INC. *			
Principal Place of Business 5105 N.W. 159 ST HIALEAH, FL 33014		Mailing Address 9990 SW 77 AVE, STE 330 MIAMI, FL 33156-2699	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  MARGOLIS, JOHN A 9990 SW 77 AVE, ST 330 MIAMI, FL 33156-2699		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b>	Zip Code
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RODRIGUEZ, CARLOS J. 5105 N.E. 159TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000298510 04/11/05-80072-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, JUANA 5105 NW 159TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, SONIA C. 5105 NORTHWEST 159TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MICHELLE 5105 NW 159TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, OFELIA 1505 NORTHWEST 159TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CHRISTINE 5105 NW 159TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Juan D. Rodriguez</i>		Date: 4-01-05	Daytime Phone #: 305-624-2577
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			