


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90026 024 ***150.00

DOCUMENT # 316107 1. Entity Name MASON DISTRIBUTORS, INC.	
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Principal Place of Business 5105 N.W. 159 ST HIALEAH, FL 33014	Mailing Address 9990 SW 77 AVE, STE 330 MIAMI, FL 33156-2699
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DO NOT WRITE IN THIS SPACE

60018333



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1260850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, JOHN A
9990 SW 77 AVE, ST 330
MIAMI, FL 33156-2699

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD RODRIGUEZ, CARLOS J. 5105 N.E. 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, JUANA 5105 NW 159TH STREET HIALEAH, FL 33014
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	D RODRIGUEZ, MICHELLE 5105 NW 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, OFELIA 1505 NORTHWEST 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CHRISTINE 5105 NW 159TH STREET HIALEAH, FL 33014

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____