


**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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<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 - No P.O. Box #		3. Mailing Address 5105 N.W. 159th St.	
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 <input checked="" 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		7. Name and Address of New Registered Agent 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: <i>Kazuhiro Hoshi</i> Kazuhiro Hoshi DATE: 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CEO NAME: RODRIGUEZ, CARLOS J. STREET ADDRESS: 5105 N.E. 159TH STREET CITY-ST-ZIP: HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE: Chairman and Director NAME: Hachiro Honjo STREET ADDRESS: 5105 NW 159th St., CITY-ST-ZIP: Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: RODRIGUEZ, JUANA STREET ADDRESS: 5105 NW 159TH STREET CITY-ST-ZIP: HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Minoru Watanabe STREET ADDRESS: 5105 NW 159th St., CITY-ST-ZIP: Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: RODRIGUEZ, SONIA C STREET ADDRESS: 5105 NORTHWEST 159TH STREET CITY-ST-ZIP: HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE: CEO, Secretary and Director NAME: Yosuke Honjo STREET ADDRESS: 5105 NW 159th St., CITY-ST-ZIP: Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: RODRIGUEZ, MICHELLE STREET ADDRESS: 5105 NW 159TH STREET CITY-ST-ZIP: HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Ofelia Perez STREET ADDRESS: 5105 NW 159th St., CITY-ST-ZIP: Hialeah, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PEREZ, OFELIA STREET ADDRESS: 1505 NORTHWEST 159TH STREET CITY-ST-ZIP: HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Gary Pigott STREET ADDRESS: 5105 NW 159th St., CITY-ST-ZIP: Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: RODRIGUEZ, CHRISTINE STREET ADDRESS: 5105 NW 159TH STREET CITY-ST-ZIP: HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Kazuhiro Hoshi STREET ADDRESS: 5105 NW 159th St., CITY-ST-ZIP: Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Kazuhiro Hoshi</i> Kazuhiro Hoshi		DATE: 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-914-8402	