


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 5105 N.W. 159 ST HIALEAH, FL 33014
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1260850	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOSHI, KAZUHIRO 5105 NW 159TH ST HIALEAH, FL 33014	7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301
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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. **CorpDirect Agents, Inc., Registered Agent**

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CD HONJO, HACHIRO <input type="checkbox"/> Delete 5105 NW 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATANABE, MINORU <input type="checkbox"/> Delete 5105 NW 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HONJO, YOSUKE <input type="checkbox"/> Delete 5105 NW 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, OFELIA <input type="checkbox"/> Delete 5105 NW 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIGOTT, GARY <input type="checkbox"/> Delete 5105 NW 159TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSHI, KAZUHIRO <input type="checkbox"/> Delete 5105 NW 159TH STREET HIALEAH, FL 33014

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 000121937360 04/02/08--01019--010 **150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP PIGOTT, GARY 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 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* **Kazuhiro Hoshi** 3/3/08 (305) 914-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 08 APR -2 AM 10:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03212008 Chg-P CR2E034 (12/06)