


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 316107</b> 1. Entity Name <b>MASON DISTRIBUTORS, INC.</b>						<b>FILED</b> <b>08 APR -2 AM 10:51</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5105 N.W. 159 ST</b> <b>HIALEAH, FL 33014</b>				Mailing Address <b>5105 N.W. 159 ST</b> <b>HIALEAH, FL 33014</b>			
2. Principal Place of Business - No P.O. Box # 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  <b>HOSHI, KAZUHIRO</b> <b>5105 NW 159TH ST</b> <b>HIALEAH, FL 33014</b>				7. Name and Address of New Registered Agent Name <b>CorpDirect Agents, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 East Park Avenue</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>			
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. <b>CorpDirect Agents, Inc., Registered Agent</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	CD HONJO, HACHIRO 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000121937360</b> <b>04/02/08--01019--010 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATANABE, MINORU 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HONJO, YOSUKE 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, OFELIA 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIGOTT, GARY 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIGOTT, GARY 5105 NW 159TH STREET HIALEAH, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSHI, KAZUHIRO 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Delete			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.							
<b>SIGNATURE:</b> <i>Kazuhiro Hoshi</i> <b>3/3/10</b> <b>(305) 914-8402</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							