

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 316107

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: MASON DISTRIBUTORS, INC.

**Current Principal Place of Business:**

15750 NW 59TH AVENUE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15750 NW 59TH AVENUE  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 59-1260850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: HONJO, HACHIRO  
Address: 15750 NW 59TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D  
Name: WATANABE, MINORU  
Address: 15750 NW 59TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: CEOD  
Name: HONJO, YOSUKE  
Address: 15750 NW 59TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: PT  
Name: HOSHI, KAZUHIRO  
Address: 15750 NW 59TH AVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP  
Name: PIGOTT, GARY  
Address: 15750 NW 59TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP  
Name: GOKARN, VIJAY  
Address: 15750 NW 59TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAZUHIRO HOSHI

PT

04/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date