

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90062 023 \*\*\*158.75

<b>DOCUMENT # P05000054839</b> 1. Entity Name <b>SENTRY MANUFACTURING, INC.</b>			
Principal Place of Business <b>5101 NW 159TH ST. HIALEAH, FL 33014</b>		Mailing Address <b>5101 NW 159TH ST. HIALEAH, FL 33014</b>	
2. Principal Place of Business - No P.O. Box # <b>5105 NW 159th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>5105 NW 159th St.,</b> Suite, Apt. #, etc.	
City & State <b>Hialeah, FL</b> Zip <b>33014</b>		City & State <b>Hialeah, FL</b> Zip <b>33014</b>	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>	
4. FEI Number <b>20-2891239</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARGOLIS, JOHN A. ESQ. 9990 SW 77TH AVE., STE. 330 MIAMI, FL 33156-2661</b>		7. Name and Address of New Registered Agent Name <b>Kazuhiro Hoshi</b> Street Address (P.O. Box Number is Not Acceptable) <b>5105 NW 159th St.,</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33014</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. SIGNATURE <u><i>Kazuhiro Hoshi</i></u> <b>Kazuhiro Hoshi</b> <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D RODRIGUEZ, CARLOS J. 5101 NW 159TH ST. HIALEAH, FL 33014</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Chairman &amp; Director Kazuhiro Hoshi 5105 NW 159th St., Hialeah, FL 33014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DST RODRIGUEZ, JUANA D. 5101 NW 159TH ST. HIALEAH, FL 33014</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director Minoru Watanabe 5105 NW 159th St., Hialeah, FL 33014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP RODRIGUEZ, SONIA C. 5101 NW 159TH ST. HIALEAH, FL 33014</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO, Secretary &amp; Director Yosuke Hoshi 5105 NW 159th St., Hialeah, FL 33014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D RODRIGUEZ, MICHELLE 5101 NW 159TH ST. HIALEAH, FL 33014</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Ofelia Perez 5105 NW 159th St., Hialeah, FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D RODRIGUEZ, CHRISTINE 5101 NW 159TH ST. HIALEAH, FL 33014</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Treasurer Kazuhiro Hoshi 5105 NW 159th St., Hialeah, FL 33014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP PEREZ, OFELIA 5101 NW 159TH ST. HIALEAH, FL 33014</b>	<input checked="" 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.			
SIGNATURE: <u><i>Kazuhiro Hoshi</i></u> <b>Kazuhiro Hoshi</b> <u>4/30/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>305-914-8402</u> <small>Daytime Phone #</small>	