

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054839

1. Entity Name  
SENTRY MANUFACTURING, INC.



FILED

08 APR -2 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5101 NW 159TH ST.  
HIALEAH, FL 33014

Mailing Address  
5101 NW 159TH ST.  
HIALEAH, FL 33014



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008 Chg-P CR2E034 (12/06)

4. FEI Number

20-2891239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSHI, KAZUHIRO  
5105 NW 159TH ST.  
HIALEAH, FL 33014

Name  
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

515 East Park Avenue

City Tallahassee

FL

Zip Code  
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contributions. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME CD  
HONJO, HACHIRO  
STREET ADDRESS 5101 NW 159TH ST.  
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE  
NAME CD ☒ Change ☐ Addition  
HONJO, HACHIRO  
STREET ADDRESS 5105 NW 159TH STREET  
CITY- ST- ZIP HIALEAH, FL 33014

TITLE  
NAME D  
WATANABE, MINORU  
STREET ADDRESS 5105 NW 159TH ST  
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
400121938564  
04/02/08--01019--018 \*\*\*150.00

TITLE  
NAME CEOS  
HONJO, YUSUKE  
STREET ADDRESS 5101 NW 159TH ST.  
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE  
NAME CEOS ☒ Change ☐ Addition  
HONJO, YOSUKE  
STREET ADDRESS 5105 NW 159TH STREET  
CITY- ST- ZIP HIALEAH, FL 33014

TITLE  
NAME P  
PEREZ, OFELIA  
STREET ADDRESS 5101 NW 159TH ST.  
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE  
NAME P ☒ Change ☐ Addition  
PEREZ, OFELIA  
STREET ADDRESS 5105 NW 159TH STREET  
CITY- ST- ZIP HIALEAH, FL 33014

TITLE  
NAME T  
HOSHI, KAZAHIRO  
STREET ADDRESS 5101 NW 159TH ST.  
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE  
NAME T ☒ Change ☐ Addition  
HOSHI, KAZAHIRO  
STREET ADDRESS 5105 NW 159TH STREET  
CITY- ST- ZIP HIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME D ☐ Change ☒ Addition  
HONJO, YOSUKE  
STREET ADDRESS 5105 NW 159TH STREET  
CITY- ST- ZIP HIALEAH, FL 33014

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kazuhiro Hoshi 3/3/108

Date

Daytime Phone #

(305) 914-8402