


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90029 003 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P96000069501                |  |
| 1. Entity Name<br>MASON VITAMINS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>5101 N.W. 159TH STREET<br>HIALEAH, FL 33014 | Mailing Address<br>9990 SW 77 AVE<br>STE 330<br>MIAMI, FL 33156-2699 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0723992 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

MARGOLIS, JOHN A ESQUIRE  
SUITE 330  
9990 S.W. 77TH AVENUE  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>RODRIGUEZ, CARLOS<br>5105 N.E. 159TH STREET<br>HIALEAH, FL 33014 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>RODRIGUEZ, JUANA D<br>5105 NW 159 STREET<br>HIALEAH, FL 33014     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>RODRIGUEZ, SONIA C<br>5105 NW 159 STREET<br>HIALEAH, FL 33014      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RODRIGUEZ, MICHELLE<br>5105 NW 159 STREET<br>HIALEAH, FL 33014      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RODRIGUEZ, CHRISTINE<br>5105 NW 159 STREET<br>HIALEAH, FL 33014     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PEREZ, OFELIA<br>5105 NW 159 STREET<br>HIALEAH, FL 33014           |

**DO NOT WRITE  
IN THIS SPACE**

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 file empowered.

SIGNATURE: James D. Rodriguez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_