

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000069501**

1. Entity Name  
**MASON VITAMINS, INC.**



**FILED**  
**08 APR -2 AM 10:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**5105 NW 159TH STREET  
HIALEAH, FL 33014**

Mailing Address  
**5105 NW 159TH STREET  
HIALEAH, FL 33014**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03242008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0723992**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOSHI, KAZUHIRO  
5105 NW 159TH ST  
HIALEAH, FL 33014**

7. Name and Address of New Registered Agent  
Name  
**CorpDirect Agents, Inc., Registered Agent**  
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 \_\_\_\_\_ (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 Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HONJO, HACHIRO 5105 NW 159TH ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATANABE, MINORU 5105 NW 159TH ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS HONJO, YOSUKE 5105 NW 159TH ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, OFELIA 5105 NW 159 STREET HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIGOTT, GARY 5105 NW 159 STREET HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSHI, KAZUHIRO 5105 NW 159 STREET HIALEAH, FL 33014	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>500121937495</b> <b>04/02/08--01019--011 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Kazuhiro Hoshi* **3/31/08** **(305) 914-8402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20x2

Attachment to  
List of Officers and Directors  
of  
MASON VITAMINS, INC.

Name and business address of officers and/or directors:

Honjo, Yosuke  
5105 N.W. 159<sup>th</sup> Street  
Hialeah, FL 33014

Director