


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # V60255	
1. Entity Name WEEN INTERNATIONAL CORPORATION	

Principal Place of Business SAGA RESTAURANT 8383 S. TAMiami TR. #104 SARASOTA FL 34238 US	Mailing Address SAGA RESTAURANT 8383 S. TAMiami TR. #104 SARASOTA FL 34238 US
---	---

2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
Zip	Country


1st MOORE CR2E034 (10/04)

4. FEI Number 65-0352903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UCHIDA, MAKOTO SAGA RESTAURANT 8383 S. TAMiami TR. #104 SARASOTA FL 34238

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ <small>(Signature typed or printed name of registered agent and title if applicable)</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS																									
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAKOTO UCHIDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7948 MEADOW RUSH LOOP</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>SARASOTA FL 34238</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	MAKOTO UCHIDA		STREET ADDRESS	7948 MEADOW RUSH LOOP		CITY, ST, ZIP	SARASOTA FL 34238		<table border="1"> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAYASHI, NOBUYUKI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3017 HILLVIEW ST</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>SARASOTA FL 34239</td> <td></td> </tr> </table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	HAYASHI, NOBUYUKI		STREET ADDRESS	3017 HILLVIEW ST		CITY, ST, ZIP	SARASOTA FL 34239	
TITLE	P	<input type="checkbox"/> Delete																							
NAME	MAKOTO UCHIDA																								
STREET ADDRESS	7948 MEADOW RUSH LOOP																								
CITY, ST, ZIP	SARASOTA FL 34238																								
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	HAYASHI, NOBUYUKI																								
STREET ADDRESS	3017 HILLVIEW ST																								
CITY, ST, ZIP	SARASOTA FL 34239																								
<table border="1"> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAYASHI, NOBUYUKI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3017 HILLVIEW ST</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>SARASOTA FL 34239</td> <td></td> </tr> </table>	TITLE	S	<input type="checkbox"/> Delete	NAME	HAYASHI, NOBUYUKI		STREET ADDRESS	3017 HILLVIEW ST		CITY, ST, ZIP	SARASOTA FL 34239		<table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASAKO, UCHIDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7948 MEADOW RUSH LOOP</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>SARASOTA FL 34238</td> <td></td> </tr> </table>	TITLE	T	<input type="checkbox"/> Delete	NAME	MASAKO, UCHIDA		STREET ADDRESS	7948 MEADOW RUSH LOOP		CITY, ST, ZIP	SARASOTA FL 34238	
TITLE	S	<input type="checkbox"/> Delete																							
NAME	HAYASHI, NOBUYUKI																								
STREET ADDRESS	3017 HILLVIEW ST																								
CITY, ST, ZIP	SARASOTA FL 34239																								
TITLE	T	<input type="checkbox"/> Delete																							
NAME	MASAKO, UCHIDA																								
STREET ADDRESS	7948 MEADOW RUSH LOOP																								
CITY, ST, ZIP	SARASOTA FL 34238																								
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY, ST, ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY, ST, ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY, ST, ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY, ST, ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY, ST, ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY, ST, ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Makoto Uchida</u>	Date: <u>1/20/05</u>	Daytime Phone: <u>941-924-2800</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		