

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 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**



02122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0352903**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

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**

**000000447029  
03/08/06-80037-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MAKOTO UCHIDA
STREET ADDRESS	7948 MEADOW RUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VP
NAME	HAYASHI, NOBUYUKI
STREET ADDRESS	3017 HILLVIEW ST
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	S
NAME	HAYASHI, NOBUYUKI
STREET ADDRESS	3017 HILLVIEW ST
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	T
NAME	MASAKO, UCHIDA
STREET ADDRESS	7948 MEADOW RUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 like empowered.

**SIGNATURE** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/06**

Date

**941.924.2800**

Daytime Phone #