2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V60255

1. Entity Name

WEEN INTERNATIONAL CORPORATION



FILED Jan 30, 2008 08:00 AN Secretary of State

	•		100 100	×					
Principal Place of Business SAGA RESTAURANT 8383 S. TAMIAMI TR. #104 SARASOTA FL 34238 US		Mailing Ardress SAGA RESTAURANT 8383 S. TAMIAMI TR. #104 SARASOTA FL 34238 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1181	5/(0/(0/6 0/// 0 0// 0 0// 0// 0// 0// 0// 0//	III 01811 BIBII 81811 8 11	eriaat it tabi		
Suite, Apt. #, etc.		Suite, Apt #, etc.		15	1st MOORE CR2E034 (10/07)				
City & State		City & State		4. FEI Numb	4. FEI Number 65-0352903 Appli				
Zip Country		Zip	Country	5. Certificate	inficate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and	7. Name and Address of New Registered Agent				
			Name						
SAC	HIDA, MAKOTO GA RESTAURANT	Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
838 SAF	3 S. TAMIAMI TR. #104 RASOTA FL 34238				A de la descripción de la desc				
			City		F				
	named entity submits this statement fo libris of registered agent.	r the purpose of changing its r	egistered office or reg	jistered agent, or bo	oth, in the State of Florida. Ta	m familiar with,	and accept		
SIGNATURE	Signature, typed or creded name of registered need.	antitie Lanpisasio. (NOTE	Registered Agerit signalure re	dansa moon vonasam a)	DATE	:			
After	ILE NOW!!!* FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of			Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND	DIDECTORS	11.	ADDITIONS	I I/CHANGES TO OFFICERS AI	NO DIRECTOR	S IN 11		
TITLE	P		TITLE	ADDITIONS	TOTANGES TO OFFICE IS A		☐ Addition		
	l'	☐ Derete	1			☐ Change	L AUGITOR		
NAME	MAKOTO UCHIDA		NAME		UQQQQQ8Q4148	}			
STREET ADDRESS	7948 MEADOW RUSH LOOP		STREET ADDRESS		02/05/08-80056-	-005 150.	00		
CITY-ST-ZIP	SARASOTA FL 34238		CITY - ST- 7IP						
TITLE	VP	☐ Da⊦ete	TITLE			Change	Addition		
NAME	HAYASHI, NOBUYUKI		NAME						
STREFT ADDRESS	3017 HILLVIEW ST		STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP						
MLE	S	☐ Derete	IINE			☐ Change	Addition		
NAME	HAYASHI, NOBOYUKI	_ 50 4.0	NAME						
STREET ADDRESS	3017 HILLVIEW ST		STREET ADDRESS		-		ł		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP						
1111E	Т	☐ Delete	nrug			☐ Change	☐ Addition		
NAME	MASAKO, UCHIDA	□ Delete	NAME			□ Change			
STREET ADDRESS	7948 MEADOW RUSH LOOP		STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34238		CITY-S1-ZIP				-		
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TITLE		De ele	TATLE			☐ Change	Addition		
NAME			NAME						
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TITLE		□ Derete	TITLE			Change	Addition		
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SI	G	N	Α	TL	J	R	Ε	:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1128/08

941.924-28-00

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