

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/29/2004-90001-048-\$150.00-\$150.00

FILED

04 OCT 15 PM 3:10


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09172004 Chg-P CR2E034 (10/03)

**DOCUMENT # P03000031056**

1. Entity Name  
WEI INTERNATIONAL CO.



Principal Place of Business  
1020 NW 163 DR  
MIAMI, FL 33169

Mailing Address  
1020 NW 163 DR  
MIAMI, FL 33169

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**84-1620035**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

INCI YESIL, KADRIYE  
1020 NW 163 DR  
MIAMI, FL 33169

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: *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! - FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	INCI YESIL, KADRIYE	1020 NW 163 DR	MIAMI, FL 33169	<input type="checkbox"/>
D	YESIL, EMEL	1020 NW 163 DR	MIAMI, FL 33169	<input type="checkbox"/>
D	YESIL, AYESHA	1020 NW 163 DR	MIAMI, FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*[Signature]*

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/07/2004** Daytime Phone #