


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000031056**

1. Entity Name  
**WEI INTERNATIONAL CO.**



Principal Place of Business      Mailing Address

**1020 NW 163 DR**      **1020 NW 163 DR**  
**MIAMI, FL 33169**      **MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



02142005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**84-1620035**      Not Applicable

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

6. Name and Address of Current Registered Agent

**INCI YESLI, KADRIYE**  
**1020 NW 163 DR**  
**MIAMI, FL 33169**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	INCI YESLI, KADRIYE
STREET ADDRESS	1020 NW 163 DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	YESIL, EMEL
STREET ADDRESS	1020 NW 163 DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	YESIL, AYESHA
STREET ADDRESS	1020 NW 163 DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000363363  
05/05/05-80157-005 150.00

1100000353363  
05/05/05-80157-006 8.75

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_