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	Mailing Address
SAGA RESTAURANT 8383 S. TAMIAMI TR. #104 SARASOTA, FL 34238 US	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 _____ 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, 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, NOBOYUKI
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] 2/17/06 941.924-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #