



Secretary of State
Business Programs Division

1500 11th Street, 3rd Floor
Sacramento, CA 95814

Business Entities
(916) 657-5448

ALFREDO BANDALAN
WEKAF USA
PO BOX 32675
SAN MARTIN CA 95046

September 22, 2011

RE: Notice of Revivor

Entity Number: C3102078
Entity Name: WEKAF USA

Effective Date: 09/22/2011

The above-referenced entity's powers, rights, and privileges were suspended/forfeited in California by the Secretary of State for failure to file the required Statement of Information.

The entity has filed the required statement and therefore has been revived. The entity is now in good standing with the California Secretary of State as of the effective date shown above.

For more information, go to www.leginfo.ca.gov/calaw.html and see California Corporations Code sections 1502, 2117, 2205, 2206, 5008.6, 6210, 8210, 9660, 17060, or 17654; California Civil Code section 1363.6; California Financial Code section 14101.6; and California Food and Agricultural Code section 54040.

Please note: You may wish to contact the California Franchise Tax Board regarding possible penalties and/or tax requirements. The California Franchise Tax Board recommends using their website for contact information at www.ftb.ca.gov.

Business Programs Division
Name Availability Unit

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your tax liability for 2009.

- 15 Check one: Line 9 is less than \$2,500. Go to Part 3.
 Line 9 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

| | | | | | | | | |
|---|------|-----|------|-----|------|-----|------|--|
| 15a | Jan. | 15d | Apr. | 15g | Jul. | 15j | Oct. | |
| 15b | Feb. | 15e | May | 15h | Aug. | 15k | Nov. | |
| 15c | Mar. | 15f | Jun. | 15i | Sep. | 15l | Dec. | |
| Total liability for year. Add lines 15a through 15l. Total must equal line 9. | | | | | | | 15m | |

- 16 If you made deposits of taxes reported on this form, write the state abbreviation for the state where you made your deposits OR write **MU** if you made your deposits in **multiple** states.

Part 3: Tell us about your business. If question 17 does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages...
 Check here and enter the final date you paid wages. / /

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number [] () - []

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. [] [] [] [] []

- No.

Part 5: Sign here. You MUST complete both pages of Form 944 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Alfredo Bandalan

Print your name here **ALFREDO BANDALAN**

Print your title here **OWNER**

Date **09 / 21 / 2011**

Best daytime phone (**408**) **310 - 0101**

Paid preparer's use only Check if you are self-employed . . .

| | | | |
|---|----------------------------------|---------------------|----------------------------------|
| Preparer's name | JUANITA CEJA | Preparer's SSN/PTIN | POO393531 |
| Preparer's signature | [] | Date | 09 / 21 / 2011 |
| Firm's name (or yours if self-employed) | JC INCOME TAX | EIN | 81-0638015 |
| Address | 16985 MONTEREY RD STE 310 | Phone | (408) 779 - 5352 |
| City | MORGAN HILL | State | CA |
| | | ZIP code | 95037 |

Form **944 for 2008: Employer's ANNUAL Federal Tax Return**

Department of the Treasury - Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) **26-2461156**

Name (not your trade name) **WORLD ESCRIMA KALI ARNIS FEDERATION**

Trade name (if any) **WEKAF USA, INC**

Address **P.O. Box 32675**

SAN JOSE City **CA** State **95152** ZIP code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 only if the IRS notified you in writing.

Read the separate instructions before you complete Form 944. Type or print within the boxes.

Part 1: Answer these questions for 2008.

1 Wages, tips, and other compensation 1

2 Income tax withheld from wages, tips, and other compensation 2

3 If no wages, tips, and other compensation are subject to social security or Medicare tax 3 Check and go to line 5.

4 Taxable social security and Medicare wages and tips:

| | Column 1 | Column 2 |
|--|--------------------------------|--------------------------------|
| 4a Taxable social security wages | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 4b Taxable social security tips | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 4c Taxable Medicare wages & tips | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 4d Total social security and Medicare taxes (Column 2, lines 4a + 4b + 4c = line 4d) | <input type="text" value="0"/> | |

5 Total taxes before adjustments (lines 2 + 4d = line 5) 5

6 TAX ADJUSTMENTS. Read the instructions for line 6 before completing lines 6a through 6e.

6a Current year's adjustments 6a

6b Prior years' income tax withholding adjustments. Attach Form 941c 6b

6c Prior years' social security and Medicare tax adjustments. Attach Form 941c 6c

6d Special additions to federal income tax. Attach Form 941c 6d

6e Special additions to social security and Medicare taxes. Attach Form 941c 6e

6f TOTAL ADJUSTMENTS. Combine all amounts on lines 6a through 6e 6f

7 Total taxes after adjustments. Combine lines 5 and 6f 7

8 Advance earned income credit (EIC) payments made to employees 8

9 Total taxes after adjustment for advance EIC (line 7 - line 8 = line 9) 9

10 Total deposits for this year, including overpayment applied from a prior year 10

11 Balance due. If line 9 is more than line 10, write the difference here. For information on how to pay, see the instructions 11

12 Overpayment. If line 10 is more than line 9, write the difference here 12

Check one Apply to next return.
 Send a refund.

▶ You MUST complete both pages of Form 944 and SIGN it.

Next →

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your tax liability for 2008.

13 Check one: Line 9 is less than \$2,500. Go to Part 3.

Line 9 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

| | | | | | | | |
|-----|------|-----|------|-----|------|-----|------|
| 13a | Jan. | 13d | Apr. | 13g | Jul. | 13j | Oct. |
| 13b | Feb. | 13e | May | 13h | Aug. | 13k | Nov. |
| 13c | Mar. | 13f | Jun. | 13i | Sep. | 13l | Dec. |

Total liability for year. Add lines 13a through 13l. Total must equal line 9. 13m

14 If you made deposits of taxes reported on this form, write the state abbreviation for the state where you made your deposits OR write MU if you made your deposits in multiple states.

Part 3: Tell us about your business. If question 15 does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages...

Check here and enter the final date you paid wages. / /

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

Part 5: Sign here. You MUST complete both pages of Form 944 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

V. de la Fuente

Print your name here V. DE LA FUENTE

Print your title here MANAGER

Date 1 / 30 / 09

Best daytime phone (408) 988-2260

Paid preparer's use only

Check if you are self-employed

| | | | |
|---|-------|---------------------|-------|
| Preparer's name | | Preparer's SSN/PTIN | |
| Preparer's signature | | Date | / / |
| Firm's name (or yours if self-employed) | | EIN | |
| Address | | Phone | () - |
| City | State | ZIP code | |

Form **944 for 2010: Employer's ANNUAL Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) **2 6 - 2 4 6 1 1 5 6**

Name (not your trade name) **WORLD ESCRIMA KALI ARNIS FEDERATION**

Trade name (if any) **WEKAF USA INC**

Address **PO BOX 32675**

SAN JOSE **CA** **95152**

City State ZIP code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 only if the IRS notified you in writing.

Read the separate instructions before you complete Form 944. Type or print within the boxes.

Part 1: Answer these questions for 2010.

1 Wages, tips, and other compensation 1 **0**

2 Income tax withheld from wages, tips, and other compensation 2 **0**

3 If no wages, tips, and other compensation are subject to social security or Medicare tax 3 Check and go to line 5d.

4 Taxable social security and Medicare wages and tips:

| | | | | |
|---|----------|----------|--------------|---|
| | Column 1 | | Column 2 | |
| 4a Taxable social security wages* | 0 | × .124 = | 0 | *Report wages/tips for this year, including those paid to qualified new employees, on lines 4a-4c. The social security tax exemption on wages/tips will be figured on lines 5b and 5c and will reduce the tax on line 5d. |
| 4b Taxable social security tips* | 0 | × .124 = | 0 | |
| 4c Taxable Medicare wages & tips* | 0 | × .029 = | 0 | |
| 4d Add Column 2 line 4a, Column 2 line 4b, and Column 2 line 4c 4d | | | | 0 |
| 5a Number of qualified employees paid exempt wages/tips after March 31 | 0 | | | See instructions for definitions of qualified employees and exempt wages/tips. |
| 5b Exempt wages/tips paid to qualified employees after March 31 | 0 | × .062 = | 5c 0 | |
| 5d Total taxes before adjustments (lines 2 + 4d - line 5c = line 5d) 5d | | | | 0 |
| 6 Current year's adjustments (see instructions) 6 | | | | 0 |
| 7 Total taxes after adjustments. Combine lines 5d and 6. 7 | | | | 0 |
| 8 Advance earned income credit (EIC) payments made to employees 8 | | | | 0 |
| 9 Total taxes after adjustment for advance EIC (line 7 - line 8 = line 9) 9 | | | | 0 |
| 10 Total deposits for this year, including overpayment applied from a prior year and overpayment applied from Form 944-X or Form 941-X 10 | | | | 0 |
| 11a COBRA premium assistance payments (see instructions) 11a | | | | 0 |
| 11b Number of individuals provided COBRA premium assistance | 0 | | | |
| 11c Number of qualified employees paid exempt wages/tips March 19-31 | 0 | | | |
| 11d Exempt wages/tips paid to qualified employees March 19-31 | 0 | × .062 = | 11e 0 | |
| 12 Add lines 10, 11a, and 11e 12 | | | | 0 |
| 13 Balance due. If line 9 is more than line 12, enter the difference and see instructions 13 | | | | 0 |
| 14 Overpayment. If line 12 is more than line 9, enter the difference | 0 | | | Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. |

► You MUST complete both pages of Form 944 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 39316N

Form **944** (2010)

Next ➔

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your tax liability for 2010.

15 Check one: Line 9 is less than \$2,500. Go to Part 3.

Line 9 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

| | | | | | | | |
|-----|------|-----|------|-----|------|-----|------|
| 15a | Jan. | 15d | Apr. | 15g | Jul. | 15j | Oct. |
| 15b | Feb. | 15e | May | 15h | Aug. | 15k | Nov. |
| 15c | Mar. | 15f | Jun. | 15i | Sep. | 15l | Dec. |

Total liability for year. Add lines 15a through 15l. Total must equal line 9. 15m

16 If you made deposits of taxes reported on this form, write the state abbreviation for the state where you made your deposits OR write MU if you made your deposits in multiple states.

Part 3: Tell us about your business. If question 17 does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages...

Check here and enter the final date you paid wages. / /

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number () -

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

Part 5: Sign here. You MUST complete both pages of Form 944 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Sign your name here

ALFREDO BANDALAN

Print your name here

ALFREDO BANDALAN

Print your title here

OWNER

Date 09 / 21 / 2011

Best daytime phone (408) 310 - 0101

Paid preparer use only

Check if you are self-employed

Preparer's name JUANITA CEJA

PTIN PO0393531

Preparer's signature

Date 09 / 21 / 2011

Firm's name (or yours if self-employed) JC INCOME TAX

EIN 81-0638015

Address 16985 MONTEREY RD STE 310

Phone (408) 779 - 5352

City MORGAN HILL State CA

ZIP code 95037