


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000103298		
1. Entity Name ARENA III, INC.		

Principal Place of Business 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819	Mailing Address 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819
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02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3751553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PATEL, PRADEEP 6545 HIDDEN BCH CR ORLANDO, FL 32819
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

UN0000225226  
02/11/05-80030-018 150.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PRADEEP 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PATEL, DAKSHA 6545 HIDDEN BEACH CIR ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Pradeep Patel* 2/8/05 407-294-2020  
Date Daytime Phone #