
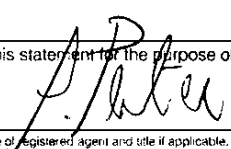
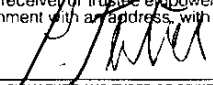


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90012 002 \*\*\*150.00

<b>DOCUMENT # P97000087523</b>					
1. Entity Name <b>ARENA WHOLESALE, INC.</b>					
Principal Place of Business <b>6545 HIDDEN BEACH CIR. ORLANDO, FL 32819</b>			Mailing Address <b>6545 HIDDEN BEACH CIR. ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # <b>9101 SOUTHERN BREEZE DR</b>			3. Mailing Address <b>9101 SOUTHERN BREEZE DR</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>ORLANDO, FL</b>			City & State <b>ORLANDO, FL</b>		
Zip <b>32836</b>			Country <b>U.S.A.</b>		
4. FEI Number <b>59-3473066</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PRADEET, PATEL R 6545 HIDDEN BEACH CIR ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name <b>PRADEEP PATEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>9101 SOUTHERN BREEZE DR</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32836</b>		
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 <b>01/31/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL, PRADEEP 6545 HIDDEN BEACH CIR. ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL PRADEEP 9101 SOUTHERN BREEZE DR ORLANDO, FL 32836</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS PATEL, DAKSHA P 6545 HIDDEN BEACH CIR ORLANDO, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS PATEL DAKSHA P. 9101 SOUTHERN BREEZE DR ORLANDO, FL 32836</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>PRADEEP PATEL</b>			Date <b>01/31/08</b> Daytime Phone # <b>407-363-0101</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					