

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000033154 1. Entity Name ARENA TECHNOLOGIES, INC.	
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Principal Place of Business 936 INTRACOSTAL DR #607 FORT LAUDERDALE, FL 33304 US	Mailing Address PO BOX 1585 FT LAUDERDALE, FL 33302 US
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DO NOT WRITE IN THIS SPACE


04272004 No Chg-P CR2E034 (10/03)
4. FCI Number: **65-0831030** Applied For: ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DILLON, JEFFERY
936 INTRACOASTAL DRIVE #607
FORT LAUDERDALE, FL 33304**

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

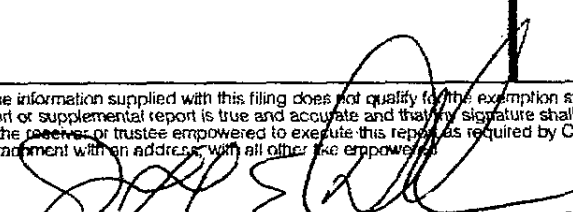
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000141463 04/30/04-80012-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DILLON, JEFFREY 936 INTRACOASTAL DR FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HERRERA, JOSE 2401 SW 21ST AVE #A-4 PEMBROKE PINES, FL 33009
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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
Jeffery Dillon
Date: **4/27/04** Daytime Phone: **510-717-4555**