


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # V00542**  
 1. Entity Name  
**ARENA CONVENIENCE, INC.**



Principal Place of Business  Mailing Address   
**635 N WESTMORELAND ST** **6545 HIDDEN BCH. CIR.**  
**ORLANDO, FL 32805** **ORLANDO, FL 32819 US**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3111349** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PATEL, PRADEEP**  
**6545 HIDDEN BEACH CIR**  
**ORLANDO, FL 32819**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

UN00000225221  
 02/11/05-80030-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, PRADEEP R.
STREET ADDRESS	6545 HIDDEN BCH. CIR.
CITY - ST - ZIP	ORLANDO, FL
TITLE	VS
NAME	DAKSHA, PATEL P
STREET ADDRESS	6545 HIDDEN BEACH CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(j), 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:  **Pradeep Patel** 2/8/05 407-294-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #