


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90013 025 ***150.00

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**

40019352



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
9101 SOUTHERN BREEZE DR **9101 SOUTHERN BREEZE DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01302008 Chg-P CR2E034 (12/06)

City & State City & State
ORLANDO, FL. **ORLANDO, FL.**

4. FEI Number Applied For
59-3111349 Not Applicable

City & State Country City & State Country
32836. **U.S.A.** **32836** **U.S.A.**

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

7. Name and Address of New Registered Agent
 Name **PATEL PRADEEP**
 Street Address (P.O. Box Number is Not Acceptable)
9101 SOUTHERN BREEZE DR
 City **ORLANDO, FL** Zip Code **32836**

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: *P. Patel* DATE: 01/31/08
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, PRADEEP R.		NAME PATEL PRADEEP R.	
STREET ADDRESS 6545 HIDDEN BCH. CIR.		STREET ADDRESS 9101 SOUTHERN BREEZE DR	
CITY-ST-ZIP ORLANDO, FL		CITY-ST-ZIP ORLANDO, FL. 32836	
TITLE VS	<input checked="" type="checkbox"/> Delete	TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAKSHA, PATEL P		NAME PATEL DAKSHA P	
STREET ADDRESS 6545 HIDDEN BEACH CIR		STREET ADDRESS 9101 SOUTHERN BREEZE DR	
CITY-ST-ZIP ORLANDO, FL 32819		CITY-ST-ZIP ORLANDO, FL. 32836	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 reports 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: *P. Patel* **PRADEEP PATEL** DATE: 01/31/08 407-363-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #