


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L88198 1. Entity Name HEICO EAST CORPORATION |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 3000 TAFT STREET HOLLYWOOD, FL 33021 | Mailing Address 3000 TAFT STREET HOLLYWOOD, FL 33021 |
|--|--|



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0271411 | 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

MENDELSON, VICTOR H.
 3000 TAFT STREET
 SUITE 2100
 HOLLYWOOD, FL 33021

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 reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT IRWIN, THOMAS S 3000 TAFT ST HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MENDELSON, ERIC 3000 TAFT STREET HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MENDELSON, VICTOR 3000 TAFT STREET HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LETENDRE, ELIZABETH R 3000 TAFT ST HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000921028
 05/14/08-80067-022 150.00

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-18-08