

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90012 009 ***150.00

DOCUMENT # P05000017217

1. Entity Name
LUMINA POWER, INC.



Principal Place of Business
C/O HEICO CORPORATION
3000 TAFT ST
HOLLYWOOD, FL 33021

Mailing Address
C/O HEICO CORPORATION
3000 TAFT ST
HOLLYWOOD, FL 33021

40101342



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2350926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDELSON, VICTOR H ESQ
3000 TAFT ST
HOLLYWOOD, FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 VC
NAME MENDELSON, VICTOR H
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE V
NAME HUYNH, TUNG
STREET ADDRESS 26 WARD HILL AVE
CITY-ST-ZIP BRADFORD, MA 01835 ☐ Change ☒ Addition

TITLE P
NAME O'BRIEN, WILLIAM
STREET ADDRESS 240 JUBILEE DR
CITY-ST-ZIP PEABODY, MA 01960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME IRWIN, THOMAS S
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME VETTER, JUDITH
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME LETENDRE, ELIZABETH R
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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. All other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #