


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90290 045 ***150.00

DOCUMENT # P97000087816

1. Entity Name
HEICO AEROSPACE HOLDINGS CORP.



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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03182004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0831428

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	MENDELSON, LAURANS A	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMAS, IRWIN S	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MENDELSON, ERIC A	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REUM, JAMES L	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MENDELSON, VICTOR H	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENNINGSEN, AUGUST W	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELSON, JOSHUA S.	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, JOHN	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, MICHAEL W.	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETENDRE, ELIZABETH R.	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VETTER, JUDITH W.	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORBLER, GERALD S.	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

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: Thomas S Truow **4-24-04** **954 987 6001**

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