


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90057 011 ***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
 Zip Country



03302005 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		7. Name and Address of New Registered Agent	
MENDELSON, VICTOR H 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 _____ 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, 2005 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	DC	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MENDELSON, LAURANS A			NAME	KORBLER, GERALD S.		
STREET ADDRESS	3000 TAFT STREET			STREET ADDRESS	3000 TAFT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, IRWIN S			NAME	ABELSON, JOSHUA S.		
STREET ADDRESS	3000 TAFT STREET			STREET ADDRESS	3000 TAFT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MENDELSON, ERIC A			NAME	BAUMANN, ROBB M.		
STREET ADDRESS	3000 TAFT STREET			STREET ADDRESS	3000 TAFT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REUM, JAMES L			NAME	HUNTER, JOHN		
STREET ADDRESS	3000 TAFT STREET			STREET ADDRESS	3000 TAFT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MENDELSON, VICTOR H			NAME	SIEGEL, MICHAEL W.		
STREET ADDRESS	3000 TAFT STREET			STREET ADDRESS	3000 TAFT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HENNINGSSEN, AUGUST W			NAME	LETENDRE, ELIZABETH R.		
STREET ADDRESS	3000 TAFT STREET			STREET ADDRESS	3000 TAFT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			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 Irwin **3/3/05** **9547447560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #