2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 AN Secretary of State

ANNUAL REPURI							
DOCUMENT # P01000057331 1. Entity Name AD HEICO ACQUISITION CORP.						Secreta	ry of Sta
C/O HEICO O	ce of Business CORPORATION STREET D, FL 33021	Mailing Address C/O HEICO CORPORATION 3000 TAFT STREET HOLLYWOOD, FL 33021					
	OO NOT WRITE	CE	03302007 4. FEI Numb 65-111		CR2E034 (1		
3000 TAF	6. Name and Address of Current Re SON, VICTOR H ESQ. T STREET DOD, FL 33021	DO NOT WRITE IN THIS SPACE					
the obligated signature.	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Site if applicable (NOTE Registere 9. Election Campaign Fina	nd Agent signature required	<u>. </u>	an, an ase State of Fic	DATE	an with, and accept
TO. TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE	RECTORS				RITE	018 150.00
TITLE NAME							

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Trasur

954 744 7560

Daytime Phone *