


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000088129 1. Entity Name HEICO AEROSPACE PARTS CORP.	
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Principal Place of Business C/O HEICO CORPORATION 3000 TAFT STREET HOLLYWOOD, FL 33021	Mailing Address C/O HEICO CORPORATION 3000 TAFT STREET HOLLYWOOD, FL 33021
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03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1146790	Applied For <input type="checkbox"/> 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 ESQ.
3000 TAFT STREET
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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT IRWIN, THOMAS S 3000 TAFT STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, JEFF 3000 TAFT STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LETENDRE, ELIZABETH R 3000 TAFT STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS VETTER, JUDITH W 3000 TAFT STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/08-80067-021 150.00

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: _____ **4-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #