

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90071 040 ***150.00

DOCUMENT # L02800
 1. Entity Name
GILAT FLORIDA INC.



Principal Place of Business Mailing Address
1560 SAWGRASS CORPORATE PARKWAY **1560 SAWGRASS CORPORATE PARKWAY**
200 **200**
SUNRISE, FL 33323 US **SUNRISE, FL 33323 US**

34071361



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08162004 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2961358 Not Applicable

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

6. Name and Address of Current Registered Agent
LUCIANO, ERNESTO A
1560 SAWGRASS CORPORATE PARKWAY
200
SUNRISE, FL 33323

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 _____
 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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KATZ, GLENN	
STREET ADDRESS	1560 SAWGRASS CORPORATE PARKWAY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MAZZA, MICHAEL J	
STREET ADDRESS	1560 SAWGRASS CORPORATE PARKWAY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SUHER, YARON	
STREET ADDRESS	1560 SAWGRASS CORPORATE PARKWAY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP/IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mazza, Michael J.	
STREET ADDRESS	1560 Sawgrass Corp Pkwy, suite 200,	
CITY-ST-ZIP	Sunrise, FL, 33323	
TITLE	DN/CO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eelen, Doron	
STREET ADDRESS	1560 Sawgrass Corp Pkwy, suite 200	
CITY-ST-ZIP	Sunrise, FL, 33323	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suher, Yaron	
STREET ADDRESS	1560 Sawgrass Corp Pkwy, suite 200	
CITY-ST-ZIP	Sunrise, FL, 33323	
TITLE	T/Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Decker, Julie M	
STREET ADDRESS	1560 Sawgrass Corp Pkwy suite 200	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Julie Decker 01/31/04 954-851-1847

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