

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02800

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: GILAT FLORIDA INC.

**Current Principal Place of Business:**

6919 WEST BROWARD BLVD  
STE 262  
FL 33317, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

6919 WEST BROWARD BLVD  
STE 262  
33317, FL 33317 US

**New Mailing Address:**

FEI Number: 59-2961358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MAZZA, MICHAEL J  
Address: 1750 OLD MEADOW RD  
City-St-Zip: MACLEAN, VA 22102 US

Title: DVCF (X) Delete  
Name: GEFEN, DORON  
Address: 1750 OLD MEADOW ROAD  
City-St-Zip: MACLEAN, VA 22102 US

Title: D (X) Delete  
Name: SUHER, YARON  
Address: 1750 OLD MEADOW ROAD  
City-St-Zip: MACLEAN, VA 22102 US

Title: TC ( ) Delete  
Name: DECKER, JULIE M  
Address: 6919 WEST BROWARD BLVD  
City-St-Zip: 33317, FL 33317 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVCF (X) Change ( ) Addition  
Name: GEFEN, DORON  
Address: AV CARANAL MOREYRA 452 PISCO 7 ( GILAT)  
City-St-Zip: SAN ISIDRO, LIMA, LA PERU PE

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TC (X) Change ( ) Addition  
Name: DECKER, JULIA M  
Address: 6919 WEST BROWARD BLVD #262  
City-St-Zip: 33317, FL 33317 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA M DECKER

TC

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date