


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-02-2004 90071 039 \*\*\*150.00

<b>DOCUMENT # F99000004474</b> 1. Entity Name <b>GILAT LATIN AMERICA, INC.</b>					
Principal Place of Business <b>1560 SAWGRASS CORPORATE PARKWAY SUITE 200 SUNRISE, FL 33323</b>			Mailing Address <b>1560 SAWGRASS CORPORATE PARKWAY SUITE 200 SUNRISE, FL 33323</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>LUCIANP, ERNESTO 1560 SAWGRASS CORPORATE PARKWAY SUITE 200 SUNRISE, FL 33323</b>				<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KATZ, ELENN</b> 1560 SAWGRASS CORPORATE PARKWAY, SUITE 200 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIPS</b> <b>MAZZA, MICHAEL J.</b> 1560 Sawgrass Corp Pkwy suite 200 Sunrise, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>MAZZA, MICHAEL</b> 1560 SAWGRASS CORPORATE PARKWAY, SUITE 200 SUNRISE, FL 33323 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DN/CFO</b> <b>Geen, Doron</b> 1560 Sawgrass Corp Pkwy suite 200 Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>SUHER, YARON</b> 1560 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Suher, Yaron</b> 1560 Sawgrass Corp Pkwy suite 200 Sunrise, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/Controller</b> <b>Decker, Julie</b> 1560 Sawgrass Corp Pkwy suite 200 Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Julie Decker Date <b>8/31/04</b> Daytime Phone # <b>954-851-1847</b>		

**54071362**



08162004 Chg-P CR2E034 (10/03)