2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# F99000004474

Entity Name: GILAT LATIN AMERICA, INC.

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY
SUITE 200
SUNRISE, FL 33323

New Principal Place of Business:

6919 WEST BROWARD BLVD
SUITE 262
FL 33317, FL 33317

Current Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY
SUITE 200
SUNRISE, FL 33323

New Mailing Address:

6919 WEST BROWARD BLVD
SUITE 262
FL 33317, FL 33317

FEI Number: 59-3567309 **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: 1560 SAWGRASS CORP PKWY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: DVCF ( ) Delete
Name: GEFEN, DORON
Address: 1560 SAWGRASS CORP PKWY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete
Name: SUHER, YARON
Address: 1560 SAWGRASS CORP PKWY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: TC ( ) Delete
Name: DEDER, JULIE
Address: 1560 SWGRASS CORP PKWY SUITE 200
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: MAZZA, MICHAEL J
Address: 1750 OLD MEADOW ROAD
City-St-Zip: MACLEAN, VA 22102

Title: DVCF (X) Change ( ) Addition
Name: GEFEN, DORON
Address: 1750 OLD MEADOW ROAD
City-St-Zip: MACLEAN, FL 22102

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIE M. DECKER TC 03/28/2005

Electronic Signature of Signing Officer or Director — Date