## F07000001939

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

NIVERSEL FI ORIDA

D. WHITE APR .1 1 2007.

## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: S.G.A.A., LTD.		
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," and check are submitted to register the transact business in Florida.		
Please return all correspondence concerning this matter to the fo	llowing:	
SCOTT E. ITKIN		
(Name of Person)		
SOUTH FLORIDA TAX		
(Firm/Company)		
415 WEST HALLANDALE BEACH BLVD		
(Address)		
HALLANDALE BEACH, FL 33009		
(City/State and Zip code)		
For further information concerning this matter, please call:		
SCOTT E. ITKIN at (_954 _) 458-2000		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee \$\$2.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status \$\$2.50 Certified Copy		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. S.G.A.A.,	LTD., INC.
	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
me., co., c	sip, me, co, or corp. )
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
<sub>2.</sub> BELIZE	3.
(State or country	under the law of which it is incorporated) (FEI number, if applicable)
<sub>4.</sub> 09/15/199	8 <sub>5.</sub> PERPETUAL
(Date	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON AP	PROVAL OF FILING
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
<sub>7.</sub> 415 WEST	HALLANDALE BEACH BLVD, HALLANDALE, FL 33009 👼 🦡
	(Principal office address)
415 WEST	r HALLANDALE BEACH BLVD, HALLANDALE, FL 33009% کا پیکا ہے۔ کا
	(Current mailing address)
8. ANY AND	ALL LEGAL BUSINESS ACTIVITIES
(Purpose(s	s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	SOUTH FLORIDA TAX, / NC.
Office Address:	415 WEST HALLANDALE BEACH BLVD
	HALLANDALE BEACH , Florida 33009
	(City) (Zip code)
Having been nam designated in this further agree to c	gent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties with and accept the obligations of my position as registered agent.
	(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	FILED
Chairman: MATTHEW PETRUCCELLI	07 APR 10 PM 1:58
Address: 415 WEST HALLANDALE BEACH BLVD	SECRETARY OF STATE TALLAHASSEE, FLORIDA
HALLANDALE BEACH, FL 33009	TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director: THOMAS ANTONELLI	
Address: 415 WEST HALLANDALE BEACH BLVD	
HALLANDALE BEACH, FL 33009	
Director:	
Address:	
B. OFFICERS	
President: MATTHEW PETRUCCELLI	
Address: 415 WEST HALLANDALE BEACH BLVD	
HALLANDALE BEACH, FL 33009	
Vice President: MATTHEW PETRUCCELLI	
Address: 415 WEST HALLANDALE BEACH BLVD	
HALLANDALE BEACH, FL 33009	
Secretary: MATTHEW PETRUCCELLI	
Address: 415 WEST HALLANDALE BEACH BLVD, HALL	LANDALE, FL 33009
Treasurer: MATTHEW PETRUCCELLI	
Address: 415 WEST HALLANDALE BEACH BLVD, HAL	LANDALE, FL 33009
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
13.	L. C.
(Signature of Director or Officer listed in number 12 of the	ne application)
14. MATTHEW PETRUCCELLI, PRESIDENT  (Typed or printed name and capacity of person signing	annlication)
(1 year or printed name and capacity of person signing	apprivation)

