

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90376 023 ***158.75



DOCUMENT # P97000022453

1. Entity Name
BERTOLAMI CONTRUCTION, INC.

Principal Place of Business Mailing Address

1705 DONNA ROAD STE 12 1705 DONNA ROAD STE 12
 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US

40034554



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2753 VISTA PARKWAY **2753 VISTA PARKWAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

UNIT J-5 **UNIT J-5**

03052007 Chg-P CR2E034 (12/06)

City & State City & State

W. PALM BEACH, FL **W. PALM BEACH, FL**

Zip Country Zip Country

33411 **PALM BCH.** **33411** **PALM BEACH**

4. FEI Number Applied For

65-0734130 Not Applicable

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

6. Name and Address of Current Registered Agent

BERTOLAMI, VINCE D
14846 96TH LANE NORTH
PALM BEACH GARDENS, FL 33412

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLAMI, VINCENT D	NAME	
STREET ADDRESS	14846 96TH LN NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33412	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLAMI, VINCENT D	NAME	
STREET ADDRESS	14846 96TH LN NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33412	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLAMI, BETH A	NAME	
STREET ADDRESS	14846 96TH LN NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33417	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **3/5/07 561-478-4796**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #