

**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**      **WEST PALM BEACH, FL 33409**      **US**      **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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BERTOLAMI, VINCENT D</b>
STREET ADDRESS	<b>14846 96TH LN NORTH</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS, FL 33412</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>BERTOLAMI, VINCENT D</b>
STREET ADDRESS	<b>14846 96TH LN NORTH</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS, FL 33412</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BERTOLAMI, BETH A</b>
STREET ADDRESS	<b>14846 96TH LN NORTH</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS, FL 33417</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/07 561-478-4796**  
Date Daytime Phone #