2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000001689

1. Entity Name
ACV DRYWALL, INC.

Principal Place of Business	Mailing Address
7332 VISCAYA CIR	7332 VISCAYA CIR
MARGATE, FL 33063-6890	MARGATE, FL 33063-6890

DO NOT WRITE IN THIS SPACE

03072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0586480	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORCUERA, ALEJANDRO M
7332 VISCAYA CIR
MARGATE, FL 33063-6890

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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	**9.** Election Campaign Financing	**$5.00** May Be	II000007707668
After May 1, 2007 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees	04/24/07-80065-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CORCUERA, ALEJANDRO M
STREET ADDRESS	7332 VISCAYA CIR
CITY-ST-ZIP	MARGATE, FL 330636890
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/9/07   (305) 282-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PRESIDENT   Date   Daytime Phone #

ALEJANDRO M CORCUERA