


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000002135	
1. Entity Name AFFORDABLE TRANSMISSIONS OF PALM BEACH, INC.	

Principal Place of Business 1 W LINTON BLVD BAY 3 DELRAY BEACH, FL 33444	Mailing Address 1 W LINTON BLVD BAY 3 DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 87-0737084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERSKIN, SUNIL 5429 RIVERMILL LANE LAKE WORTH, FL 33463
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**DO NOT WRITE
IN THIS SPACE**

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, word or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELGADO, OCTAVIO 1 W LINTON BLVD BAY 3 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ERSKIN, SUNIL 4286 LINTON BLVD. BAY 3 DELRAY BEACH, FL 33444
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05/29/07-80042-010 150.00**DO NOT WRITE
IN THIS SPACE**

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: Detom's [Signature] 4-30-07 561-4749288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #