2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000128800

1. Entity Name

AFFORDABLE & ECONOMICO TRANSMISSION, INC.



FILED Feb 07, 2008 08:00 A Secretary of State

Principal Place of Business

6033 SOUTH ORANGE BLOSSON TRAIL STE A

ORLANDO, FL 32809

Mailing Address

6033 SOUTH ORANGE BLOSSON TRAIL

STE A

ORLANDO, FL 32809



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01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3497937

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ SANTOS, CLAUDIO C 7603 RUTHWIND CT ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent,	rpose of changing its regist	tered office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	MOIE Clasies	tered Agent signature required when reinstating)	DATE
 _	Organization of printed market or registered against and the n	ppressure (1905)	eren võest siõustuse todosen erets tempteting)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	+++,	
10.	OFFICERS AND DIRECT	ORS	115-218-56 34 349 564	· 经产生工程和基本的,更是是产品的基础。
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ SANTOS, CLAUDIO C 7603 RUTHWIND CT ORLANDO, FL 32822			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMENEZ, JOSE 6045 AGUSTA NATIONAL DRIVE ORI ANDO EL 32822			02/15/08-80062-022, 150:00

STREET ADDRESS

DO NOT WRITE IN THIS SPACE

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the corp changed, or on an attachment with an address, with all other ke empowered.

SIGNATURE:

Daytime Phone #