



2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90169 043 ***150.00

DOCUMENT # J25742 1. Entity Name FARE SHARE, INC.					
Principal Place of Business 1759 BAY ROAD MIAMI BEACH, FL 33128 US			Mailing Address 1759 BAY ROAD MIAMI BEACH, FL 33139 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2688883	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAMILTON, JERRY 200 S. BISCAYNE BLVD. SUITE 3460 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete			
NAME	PIGNA, SUSAN				
STREET ADDRESS	1759 BAY RD				
CITY-ST-ZIP	MIAMI BEACH, FL				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 			4-25-06 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		