

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K22899

1. Entity Name  
FARE BROTHERS, INC.



**FILED**  
04 SEP -9 AM 6:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1773 BLOUNT RD  
STE 304  
POMPANO BEACH, FL 33069 US

Mailing Address  
1773 BLOUNT RD  
STE 304  
POMPANO BEACH, FL 33069 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302004

Chg-P

CR2E034 (10/03)

TR

4. FEI Number  
65-0047176

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASCANIO, EDGARDO  
4677 NW 60 LANE  
CORAL SPRINGS, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

500041256345  
09/22/04--01030--006 \*\*\$61.25

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ASCANIO, EDGARDO  
STREET ADDRESS 4677 NW 60 LN  
CITY-ST-ZIP POMPANO BEACH, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME ASCANIO, OMELIS  
STREET ADDRESS 5000 NW 66 DRIVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director  
NAME Nancy Ascanio  
STREET ADDRESS 5000 NW 66 Drive  
CITY-ST-ZIP Coral Springs, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director  
NAME Magaly Ascanio  
STREET ADDRESS 4677 NW 60 LN  
CITY-ST-ZIP Coral Springs, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edgar Ascanio* Edgardo Ascanio  
President, 7/1/04. 931-931-5585  
Date Daytime Phone #