2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # K22899

1. Entity Name
FARE BROTHERS, INC.

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

DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

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

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

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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________________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ASCANIO, EDGARDO
STREET ADDRESS	4677 NW 60 LN
CITY ST ZIP	POMPANO BEACH, FL 33067
TITLE	V
NAME	ASCANIO, OMELIS
STREET ADDRESS	5000 NW 66 DRIVE
CITY ST ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	ASCANIO, NANCY
STREET ADDRESS	5000 N W 66 DRIVE
CITY ST ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	ASCANIO, MAGALY
STREET ADDRESS	4677 N W 60 LN
CITY ST ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
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: Edgardo Ascanio 4/2/06 954-931-5584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE