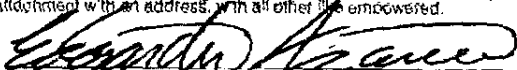


FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # K22899 1. Entity Name FARE BROTHERS, INC.				Apr 07, 2006 08:00 AM Secretary of State	
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			
DO NOT WRITE IN THIS SPACE				03202006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0047176	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASCANIO, EDGARDO 4877 NW 60 LANE CORAL SPRINGS, FL 33067				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 _____ Registered Agent or Designated Agent or Designated Officer or Director					
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				DO NOT WRITE IN THIS SPACE 000000496087 04/21/06-00037-003 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ASCANIO, EDGARDO 4877 NW 60 LN POMPANO BEACH, FL 33067				
TITLE NAME STREET ADDRESS CITY ST ZIP	V ASCANIO, OMELIS 5000 NW 88 DRIVE CORAL SPRINGS, FL 33067				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ASCANIO, NANCY 5000 N W 66 DRIVE CORAL SPRINGS, FL 33067				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ASCANIO, MAGALY 4877 N W 60 LN CORAL SPRINGS, FL 33067				
TITLE NAME STREET ADDRESS CITY ST ZIP					
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/2/06 934-931-5588	