

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # K22899

1. Entity Name
FARE BROTHERS, INC.



Principal Place of Business
**10611 SW ACADEMIC WAY
PORT SAINT LUCIE, FL 34987 US**

Mailing Address
**P.O. BOX 880308
STE 304
PORT SAINT LUCIE, FL 34988 US**



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
10611 SW ACADEMIC WAY
PORT SAINT LUCIE, FL 34987**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	10611 SW ACADEMIC WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987
TITLE	V
NAME	ASCANIO, OMELIS
STREET ADDRESS	2401 SW HUMBER CT.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	D
NAME	ASCANIO, NANCY
STREET ADDRESS	2401 SW HUMBER CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	D
NAME	ASCANIO, MAGALY
STREET ADDRESS	10611 SW ACADEMIC WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80016-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Ascario
Edgardo Ascario President

4/22/08

Date

934-931-5585

Daytime Phone #