## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000108586

Entity Name: FARE CORPORATION

FILED Apr 19, 2006 Secretary of State

Entity Na	Me: FARE CC	PORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CE DE LEON B ABLES, FL 33	LVD SUITE 603 134	1900 SW 3 AVE MIAMI, FL 33129		
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134			1900 SW 3 AVE MIAMI, FL 33129		
FEI Number	: 65-1152260	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MIAMI, FL The above	3RD AVENUE 33129 US	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PASSERI, FAB RUA BRUNO FI	LGUEIRA 342, 12 FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	PASSERI, PAO	LGUEIRA 342, 12 FLOOR	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASSERI FABIO DP 04/19/2006