


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90025 012 ***150.00

DOCUMENT # P95000062613	
1. Entity Name PAD APARTMENTS, INC.	

Principal Place of Business 2100 SALZEDO ST SUITE 300 CORAL GABLES FL 33134 US	Mailing Address 2100 SALZEDO ST SUITE 300 CORAL GABLES FL 33134 US
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24000100



MOORE CR2E034 (11/03)

2. Principal Place of Business 2 Alhambra Plaza Ste. 860	3. Mailing Address 2 Alhambra Plaza Ste. 860
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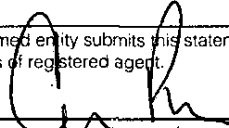
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Zip 33134
Country	Country

4. FEI Number 65-0605915	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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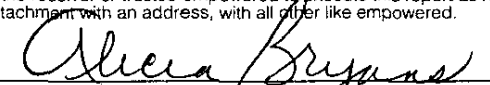
6. Name and Address of Current Registered Agent PADRON, CARLOS E 2100 SALZEDO ST SUITE 300 CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
2 Alhambra Plaza, Suite 860	
City	Zip Code
Coral Gables	FL 33134

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 	DATE 2/4/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME PADRON, CARLOS E		NAME 2 Alhambra Plaza, Suite 860	
STREET ADDRESS 2100 SALZEDO ST., SUITE 300		STREET ADDRESS Coral Gables, FL 33134	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, FL 33134	
TITLE VP	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME PADRON, CRISTINA		NAME 2 Alhambra Plaza, Suite 860	
STREET ADDRESS 2100 SALZEDO ST., SUITE 300		STREET ADDRESS Coral Gables, FL 33134	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, FL 33134	
TITLE VP	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME BRYANS, ALICIA		NAME 2 Alhambra Plaza, Suite 860	
STREET ADDRESS 2100 SALZEDO ST., SUITE 300		STREET ADDRESS Coral Gables, FL 33134	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, FL 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE 2/4/04 (305) 461-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alicia Bryans	