2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062613

Entity Name: PAD APARTMENTS, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 ALHAMBRA PLAZA 2320 PONCE DE LEON BOULEVARD

SUITE 860 SECOND FLOOR

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2 ALHAMBRA PLAZA 2320 PONCE DE LEON BOULEVARD SUITE 860 SECOND FLOOR

CORAL GABLES, FL 33134 US

CORAL GABLES, FL 33134 US

FEI Number: 65-0605915 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:

PADRON, CARLOS E PADRON, CARLOS E 2 ALHAMBRA PLAZA

2320 PONCE DE LEON BOULEVARD SECOND FLOOR SUITE 860

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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.

SIGNATURE: CARLOS E. PADRON 01/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PADRON, CARLOS E PADRON, CARLOS E Name: Name:

2 ALHAMBRA PLAZA, SUITE 860 2320 PONCE DE LEON BOULEVARD, SECOND FLOOR Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

VΡ Title: VΡ Title:

(X) Change () Addition () Delete PADRON, CRISTINA Name: Name: PADRON, CRISTINA

2 ALHAMBRA PLAZA, SUITE 860 2320 PONCE DE LEON BOULEVARD, SECOND FLOOR Address: Address:

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

Title: Title: VP. () Delete VΡ (X) Change () Addition BRYANS, ALICIA BRYANS, ALICIA Name: Name:

2 ALHAMBRA PLAZA, SUITE 860 2320 PONCE DE LEON BOULEVARD, SECOND FLOOR Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: CARLOS E. PADRON 01/08/2009