I hereby 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 all other like empowered.

SIGNATURE: CARLOS E. PADRON

Electronic Signature of Signing Officer/Director Detail

Ρ

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:

SUITE 702

PADRON, CARLOS E 201 ALHAMBRA CIRCLE

Electronic Signature of Registered Agent

Officer/Director Detail

City-State-Zip: MIAMI FL 33166

Officer/Director Detail :			
Title	Ρ	Title	VP
Name	PADRON, CARLOS E	Name	PADRON, CRISTINA
Address	201 ALHAMBRA CIRCLE SUITE 702	Address	201 ALHAMBRA CIRCLE SUITE 702
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP		
Name	BRYANS, ALICIA		
Address	5100 N.W. 72 AVENUE SUITE D		

CORAL GABLES, FL 33134

5100 N.W. 72 AVENUE SUITE D MIAMI, FL 33166 US

FEI Number: 65-0605915

CORAL GABLES, FL 33134 US

Name and Address of Current Registered Agent:

Current Mailing Address:

201 ALHAMBRA CIRCLE **SUITE #702**

Entity Name: PAD APARTMENTS, INC.

Current Principal Place of Business:

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P95000062613

FILED Feb 16, 2016 Secretary of State CC7337807778

Certificate of Status Desired: No

02/16/2016

Date