2005 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 26, 2005 8:00 am Secretary of State 01-26-2005 90028 039 ***150.00

1. Entity Name ADP TOTALSOURCE MI XXX, INC.						or 20 2 000	300 20 039	150	
Principal Place of Business 10200 SUNSET DRIVE MIAMI, FL 33173		Mailing Address 10200 SUNSET DRIVE MIAMI, FL 33173					500	069	62
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005	Chg-P	CR2E034 (10/03)	
City & State		City & Stato		4. FEI Numb 38-332				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		75 Add Required	
	6. Name and Address of Curren	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and	Address of New I	Registered Agen	ıt	 	
NATIONAL REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
	named entity submits this statement fillions of registered agent.	or the purpose of changing its	register	ed office or re	egistered agent, or bo	th, in the State of F	lorida. I am famil	ar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOT	FE: Registere	ed Agent signature	required when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees	-			
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OF	FICERS AND DIR	ECTORS	3 IN 13/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGER, ROBERT J ONE ADP BOULEVARD ROSELAND, NJ 07068	☐ Delete		EET ADDRESS	000 Santeters Osco Su Miami, F	io nsot Driv 1 33173		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUETO, WILLIAM 10200 SUNSET DRIVE MIAMI, FL 33173	☐ Delete		E				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIQUEZ, CARLOS 10200 SUNSET DRIVE MIAMI, FL 33173	☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STEWART, PETER 10200 SUNSET DRIVE MIAMI, FL 33173	∆ belete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Defete						Change	☐ Addition

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:

205)630-1000

