

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 039 ***150.00



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DOCUMENT # F0000005213				1. Entity Name ADP TOTALSOURCE MI XXX, INC.	
Principal Place of Business 10200 SUNSET DRIVE MIAMI, FL 33173			Mailing Address 10200 SUNSET DRIVE MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3326137	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE #4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGER, ROBERT J		NAME		
STREET ADDRESS	ONE ADP BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	ROSELAND, NJ 07068		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUETO, WILLIAM		NAME		
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RODRIQUEZ, CARLOS		NAME	<i>D. Mark Benjamin</i>	
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS	<i>10200 Sunset Dr.</i>	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	<i>Miami FL 33173</i>	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MASEDA, MIKE		NAME	<i>Sergio Fernandez</i>	
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS	<i>10200 Sunset Dr.</i>	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	<i>Miami FL 33173</i>	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, SERGIO		NAME	<i>David Byrnes</i>	
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS	<i>71 Hanover Rd</i>	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	<i>Flovham Pk, NJ 07932</i>	
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 exemptions contained 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 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: <i>[Signature]</i>			Date: <i>4/11/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		