


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006830
 1. Entity Name
 ADP TOTALSOURCE MI XXV, INC.



Principal Place of Business Mailing Address
 10200 SUNSET DRIVE 10200 SUNSET DRIVE
 MIAMI, FL 33173 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 38-3212290 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000405421
 02/07/06-90034-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	SINGER, ROBERT J
STREET ADDRESS	ONE ADP BLVD
CITY-ST-ZIP	ROSELAND, NJ 07088
TITLE	PCCO
NAME	RODRIQUEZ, CARLOS
STREET ADDRESS	ONE ADP BLVD
CITY-ST-ZIP	ROSELAND, NJ 07088
TITLE	AS
NAME	CUETO, WILLIAM
STREET ADDRESS	ONE ADP BLVD
CITY-ST-ZIP	ROSELAND, NJ 07088
TITLE	CFO
NAME	FERNANDEZ, SERGIO
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  1/25/06 305 630 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #