


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUN 21 PM 3:18


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # H20755</b> 1. Entity Name ADP TOTALSOURCE SERVICES, INC.	
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Principal Place of Business 10200 SUNSET DR. MIAMI, FL 33173 US	Mailing Address 10200 SUNSET DR. MIAMI, FL 33173 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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05222006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2452825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	SVP Service + Operation <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIQUEZ, CARLOS A	NAME	MILCE MASEDA
STREET ADDRESS	10200 SUNSET DR.	STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S <input type="checkbox"/> Delete	TITLE	200076639152 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ROBERT	NAME	06/27/06--01035--009 **\$1.25
STREET ADDRESS	ONE ADP BLVD	STREET ADDRESS	
CITY-ST-ZIP	ROSELAND, NJ 07068	CITY-ST-ZIP	
TITLE	COO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERZO, DANTE	NAME	
STREET ADDRESS	10200 SUNSET DR.	STREET ADDRESS	
CITY-ST-ZIP	MIAM, FL 33173	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 DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sergio Fernandez
STREET ADDRESS		STREET ADDRESS	10200 Sunset Drive
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33173
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	

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CIV REVI/ADM

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	William Cueto	6/7/2006 Date	305-630-1000 Daytime Phone #
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