

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # H20755

1. Entity Name
ADP TOTALSOURCE SERVICES, INC.



Principal Place of Business
10200 SUNSET DR.
MIAMI, FL 33173 US

Mailing Address
10200 SUNSET DR.
MIAMI, FL 33173 US



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2452825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, CARLOS A
STREET ADDRESS	10200 SUNSET DR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	SINGER, ROBERT
STREET ADDRESS	ONE ADP BLVD
CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE	SVP
NAME	MASEDA, MIKE
STREET ADDRESS	10200 SUNSET DR.
CITY-ST-ZIP	MIAM, FL 33173
TITLE	AS
NAME	CUETO, WILLIAM
STREET ADDRESS	10200 SUNSET DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	CFO
NAME	FERNANDEZ, SERGIO
STREET ADDRESS	10200 SUNSET DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80027-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

William Cueto
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07
Date

305/630-1000
Daytime Phone #