


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90003 033 ***150.00

DOCUMENT # H20911
 1. Entity Name
ADP TOTALSOURCE GROUP, INC.



Principal Place of Business Mailing Address
 10200 SUNSET DRIVE 10200 SUNSET DRIVE
 MIAMI, FL 33173-3033 MIAMI, FL 33173-3033

54014268



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

01072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2452823 Not Applicable

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

6.-Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301

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, 2004 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 | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, CARLOS A | |
| STREET ADDRESS | 10200 SUNSET DRIVE | |
| CITY - ST - ZIP | MIAMI, FL 33173 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | CUETO, WILLIAM | |
| STREET ADDRESS | 10200 SUNSET DR. | |
| CITY - ST - ZIP | MIAMI, FL 33173 | |
| TITLE | CFO | <input checked="" type="checkbox"/> Delete |
| NAME | FERNANDEZ, SERGIO | |
| STREET ADDRESS | 10200 SUNSET DRIVE | |
| CITY - ST - ZIP | MIAMI, FL 33173 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SINGER, ROBERT | |
| STREET ADDRESS | ONE ADP BOULEVARD | |
| CITY - ST - ZIP | ROSELAND, NJ 07068 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | Division Controller | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Peter Stewart | |
| STREET ADDRESS | 10200 Sunset Drive | |
| CITY - ST - ZIP | Miami, FL 33173 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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:  **William Cueto** 1/7/2004 305-630-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #