

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



**FILED**  
2006 JUN 21 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # H20911</b> 1. Entity Name <b>ADP TOTALSOURCE GROUP, INC.</b>						
Principal Place of Business <b>10200 SUNSET DRIVE MIAMI, FL 33173-3033</b>			Mailing Address <b>10200 SUNSET DRIVE MIAMI, FL 33173-3033</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-2452823</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$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  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RODRIGUEZ, CARLOS A</b> 10200 SUNSET DRIVE MIAMI, FL 33173		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP SERVICE + OPERATIONS</b> <b>MILE MASEDA</b> 10200 SUNSET DRIVE MIAMI, FL 33173 3000765331049 06/27/06--01035--008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>**\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>CUETO, WILLIAM</b> 10200 SUNSET DR. MIAMI, FL 33173		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <b>TERZO, DANTE</b> 10200 SUNSET DRIVE MIAMI, FL 33173		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SINGER, ROBERT</b> ONE ADP BOULEVARD ROSELAND, NJ 07068		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>Sergio Fernandez</b> 10200 Sunset Drive Miami, FL 33173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B 6/22/06</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.						
<b>SIGNATURE:</b>			<b>William Cueto</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/17/2006</b>		Daytime Phone # <b>305-630-1000</b>	

**RECEIVED**  
JUN 19 2006  
C/O REV/ADM