


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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

DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2452823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

DO NOT WRITE 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

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

U00000697327
04/18/07-80037-004 150.00

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 3/26/07 305/630-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #