

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H25724

1. Entity Name
ADP TOTALSOURCE FL XI, INC.



Principal Place of Business
**10200 SUNSET DRIVE
MIAMI, FL 33173**

Mailing Address
**10200 SUNSET DRIVE
MIAMI, FL 33173**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2452322

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RODRIGUEZ, CARLOS
10200 SUNSET DR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MASEDA, MIKE
10200 SUNSET DRIVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SINGER, ROBERT
ONE ADP BLVD
ROSELAND, NJ**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CUETO, WILLIAM
10200 SUNSET DRIVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
FERNANDEZ, SERGIO
10200 SUNSET DRIVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000697116
04/18/07-80027-024 150.00

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
William Cueto

3/26/07
Date

305/630-1000
Daytime Phone #