


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H25835 1. Entity Name ADP TOTALSOURCE FL XII, INC.	
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Principal Place of Business 10200 SUNSET DR. MIAMI, FL 33173-3466 US	Mailing Address 10200 SUNSET DR. MIAMI, FL 33173-3466 US
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2452319	Applied For 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

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	1100000405430 02/07/06-80038-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	CUETO, WILLIAM
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	COO
NAME	TERZO, DANTE
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	P
NAME	RODRIGUEZ, CARLOS
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/25/06 Daytime Phone #: 305 630 1000