



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUN 21 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H25844					
1. Entity Name ADP TOTALSOURCE FL XIV, INC.					
Principal Place of Business 10200 SUNSET DR MIAMI, FL 33173		Mailing Address 10200 SUNSET DR MIAMI, FL 33173			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2452323	
Zip	Country	Zip	Country	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			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	SVP Services + Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS		NAME	MILE MASEDA	
STREET ADDRESS	10200 SUNSET DR		STREET ADDRESS	10200 Sunset Drive	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami FL 33173	
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERZO, DANTE		NAME	600076639296	
STREET ADDRESS	10200 SUNSET DR		STREET ADDRESS	06/27/06--01035--012 **61.25	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ROBERT		NAME		
STREET ADDRESS	ONE ADP BLVD		STREET ADDRESS		
CITY-ST-ZIP	ROSELAND, NJ 07068		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUETO, WILLIAM		NAME		
STREET ADDRESS	10200 SUNSET DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sergio Fernandez	
STREET ADDRESS			STREET ADDRESS	10200 Sunset Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B6hr/oto		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		6/7/2006 305-630-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



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