

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 044 ***150.00



DOCUMENT # H25844
 1. Entity Name
ADP TOTALSOURCE FL XIV, INC.

Principal Place of Business Mailing Address
10200 SUNSET DR **10200 SUNSET DR**
MIAMI, FL 33173 **MIAMI, FL 33173**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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, 2008 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 <input checked="" type="checkbox"/> Delete 10200 SUNSET DR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MASEDA, MIKE <input checked="" type="checkbox"/> Delete 10200 SUNSET DR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGER, ROBERT <input type="checkbox"/> Delete ONE ADP BLVD ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUETO, WILLIAM <input type="checkbox"/> Delete 10200 SUNSET DR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FERNANDEZ, SERGIO <input checked="" type="checkbox"/> Delete 10200 SUNSET DR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Benjamin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10200 Sunset Dr. Miami FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sergio Fernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10200 Sunset Dr. Miami FL 33173
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO David Byrnes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 71 Hanover Rd Florham Park, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input 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.

SIGNATURE: _____ **4/11/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #