

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90003 026 \*\*\*150.00

**DOCUMENT # H25866**  
 1. Entity Name  
 ADP TOTALSOURCE FL XIII, INC.



Principal Place of Business: 10200 SUNSET DR. MIAMI, FL 33173 US  
 Mailing Address: 10200 SUNSET DR. MIAMI, FL 33173 US

34014473

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.



01072004 Chg-P CR2E034 (10/03)

City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: 59-2452315  
 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.  
 526 EAST PARK AVE.  
 TALLAHASSEE, FL 32301

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	CUETO, WILLIAM	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS A	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, SERGIO	
STREET ADDRESS	10200 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	SINGER, ROBERT	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND, NJ 07068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Division Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Stewart	
STREET ADDRESS	10200 Sunset Drive	
CITY-ST-ZIP	Miami, Florida 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/7/2004 305-630-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #