
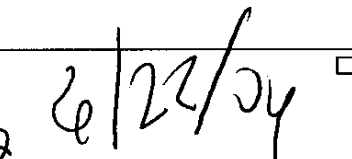


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUN 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2452315 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required 05222006 Chg-P CR2E034 (11/05)				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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	AS	<input type="checkbox"/> Delete	TITLE	SVP Service + Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CUETO, WILLIAM		NAME	MIKE MASEDA			
STREET ADDRESS	10200 SUNSET DR.		STREET ADDRESS	10200 SUNSET DRIVE			
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI FL 33173			
TITLE	P	<input type="checkbox"/> Delete	TITLE	100078639321	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, CARLOS A		NAME	06/27/06--01035--013	**\$1.25		
STREET ADDRESS	10200 SUNSET DR.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP				
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERZO, DANTE		NAME				
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS				
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		<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			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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JUN 08 2006
CIU REV/ADW