2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOČUMENT # H25866

1. Entity Name
ADP TOTALSOURCE FL XIII, INC.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

10200 SUNSET DR. MIAMI, FL 33173 Mailing Address

10200 SUNSET DR. MIAMI, FL 33173 US



 \Box

02262007

No Chg-P

CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

SIGNATURE.

10.

DO NOT WRITE IN THIS SPACE

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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE NAME CUETO, WILLIAM 10200 SUNSET DR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME RODRIGUEZ, CARLOS A STREET ADDRESS 10200 SUNSET DR. CITY - ST - ZIP MIAMI, FL 33173 TITLE SVP NAME MASEDA, MIKE STREET ADDRESS 10200 SUNSET DRIVE CITY-ST-ZIP MIAMI, FL 33173 TITLE SINGER, ROBERT NAME STREET ADDRESS ONE ADP BLVD CITY-ST-ZIP ROSELAND, NJ 07068 TITLE FERNANDEZ, SERGIO NAME STREET ADDRESS 10200 SUNSET DR. CITY-ST-7IP MIAMI, FL 33173

U00000697115 04/18/07-80027-023 150.00

DATE

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

TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

3/26/61

305/630-1000