2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 03, 2004 8:00 am Secretary of State **DOCUMENT # K75226** 03-03-2004 90013 030 ***150.00 ADP TOTALSOURCE FL XIX, INC. Principal Place of Business Mailing Address 14064661 10200 SUNSET DR. 10200 SUNSET DR. MIAMI, FL 33173 MIAMI, FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0121767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Division Controller ☐ Change Addition **▼** Delete TITLE TITLE Peter Stewart 10200 Sunset Drive NAME FERNANDEZ, SERGIO NAME STREET ADDRESS 10200 SUNSET DR STREET ADDRESS CITY-ST-ZIP MICHUITH 33173 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SINGER, ROBERT NAME STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP ROSELAND, NJ 07068 Change ☐ Addition Delete TITLE TITLE CUETO, WILLIAM F. NAME NAME STREET ADDRESS 10200 SUNSET DR STREET ADDRESS CITY - ST- ZIP MIAMI, FL 33173 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RODRIGUEZ, CARLOS A NAME 10200 SUNSET DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trostee 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 application of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the r

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