
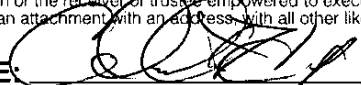


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K75226 1. Entity Name ADP TOTALSOURCE FL XIX, INC.					
Principal Place of Business 10200 SUNSET DR. MIAMI, FL 33173		Mailing Address 10200 SUNSET DR. MIAMI, FL 33173			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0121767	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	COO	<input checked="" type="checkbox"/> Delete	TITLE	SVP Service + Operation	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERZO, DANTE		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	S	<input type="checkbox"/> Delete	TITLE	000078639410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ROBERT		NAME	06/27/06--01035--016	**\$1.25
STREET ADDRESS	ONE ADP BLVD		STREET ADDRESS		
CITY-ST-ZIP	ROSELAND, NJ 07068		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUETO, WILLIAM F.		NAME		
STREET ADDRESS	10200 SUNSET DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS A		NAME		
STREET ADDRESS	10200 SUNSET DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/7/2006 <small>Date</small>	
				305-630-1000 <small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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