

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L34542

1. Entity Name
ADP TOTALSOURCE FL XVI, INC.



Principal Place of Business

10200 SUNSET DR
MIAMI, FL 33173

Mailing Address

10200 SUNSET DR
MIAMI, FL 33173



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0161093

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000405438
02/07/06-80039-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	SINGER, ROBERT J
STREET ADDRESS	ONE ADP BLVD
CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE	AS
NAME	CUETO, WILLIAM
STREET ADDRESS	10200 SUNSET DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	COO
NAME	TERZO, DANTE
STREET ADDRESS	10200 SUNSET DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	P
NAME	RODRIGUEZ, CARLOS
STREET ADDRESS	10200 SUNSET DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06
Date

305 630 1000
Daytime Phone #