

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90003 036 ***150.00

DOCUMENT # L50235

1. Entity Name
ADP TOTALSOURCE FL XXIX, INC.



Principal Place of Business
10200 SUNSET DRIVE
MIAMI, FL 33173

Mailing Address
10200 SUNSET DRIVE
MIAMI, FL 33173

54014265



2. Principal Place of Business		3. Mailing Address		01072004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0172853	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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. 526 EAST PARK AVE. TALLAHASSEE, FL 32301			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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS		NAME		
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	Division Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, SERGIO		NAME	Peter Stewart	
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS	10200 Sunset Drive	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, Florida 33173	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ROBERT		NAME		
STREET ADDRESS	ONE ADP BOULEVARD		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		NAME		
STREET ADDRESS	10200 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
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		
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 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 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* **William Cueto** 1/7/2004 305 630-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #