


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M50800 1. Entity Name ADP TOTALSOURCE FL XV, INC.	
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Principal Place of Business 10200 SUNSET DRIVE MIAMI, FL 33173 US	Mailing Address 10200 SUNSET DRIVE MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0027295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

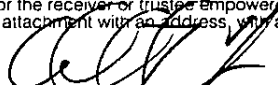
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RODRIGUEZ, CARLOS
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	SINGER, ROBERT
STREET ADDRESS	ONE ADP BLVD
CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE	SVP
NAME	MASEDA, MIKE
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	AS
NAME	CUETO, WILLIAM
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	CFO
NAME	FERNANDEZ, SERGIO
STREET ADDRESS	10200 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80030-005 150.00

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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 3/26/07 305/630-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #