## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 07, 2004 8:00 am Secretary of State 03-03-2004 90003 035 \*\*\*\*50.00 ANNUAL REPORT

1. Entity Name ADP TOTALSOURCE FL XVIII, INC.								04-07-200			100.00	
Principal Plac	e of Busines	s	Mailing Address	Mailing Address			1402020					
10200 SUNSET DR.			10200 SUNSET DR.	10200 SUNSET DR.					- •		•	
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #. etc.	Suite, Apt. #. stc.			01072004	Chg-P	CR2EC	34 (10/03)		
City & State			City & State	City & State			4. FEI Num 65-03				plied For t Applicable	
Zìp	Country		Zip	Zip Cour		_	5. Certificat	te of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
NRAI SERVICES, INC.						Name						
526 EAST PARK AVE. TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)						
							<del>-</del> -		FL	Zip Cod	<u></u>	
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												
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00  Trust Fund Contribution, Added to											<del>-</del>	
10.	,	OFFICERS AND		11.				S/CHANGES TO OFF	ICERS AND		5 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	DEZ, SERGIO INSET DR . 33173	<b>₽</b> Delete		- !	Pex	er Skui Dier	bontroller Davt Orive Plorida 33		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, CARLOS A 10200 SUNSET DR. MIAMI, FL 33173		☐ Delde		_				<del></del>	☐ Change	Addition	
TITLE NAME STREET ADDRESS -GITY-ST-ZIP	S SINGER, ONE ADF	ROBERT J	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUETO, 1	MILLIAM INSET DR.	☐ Delete	TITL NAV STRE	E					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	•	-					☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
12. I hereby	certify that th	e information supplied wit	h this filing does not qualify f	or the exe	mption sta	ted in Se	ction 119.07(3	3)(i), Florida Statutes.	I further ce	rtify that the h	nformation	

required by this report or supplemental report is true and accurate and intal my signature shall have the same legal effect as it made under oath; that I am an officer or director of the coporation 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.