


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90059 042 \*\*\*150.00

**DOCUMENT # P93000020419**

1. Entity Name  
**ADP TOTALSOURCE FL XVIII, INC.**



Principal Place of Business  
**10200 SUNSET DR.**  
**MIAMI, FL 33173 US**

Mailing Address  
**10200 SUNSET DR.**  
**MIAMI, FL 33173 US**

**40073883**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03192008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MASEDA, MIKE	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS A	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	SINGER, ROBERT J	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND, NJ 07068	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUETO, WILLIAM	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, SERGIO	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio Fernandez	
STREET ADDRESS	10200 Sunset Dr.	
CITY-ST-ZIP	Miami FL 33173	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Benjamin	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Byrnes	
STREET ADDRESS	71 Hanover Rd	
CITY-ST-ZIP	Florence PK, NJ 07932	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **4/11/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #