



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000086357		
1. Entity Name ADP TOTALSOURCE, INC.		

Principal Place of Business 10200 SUNSET DR. MIAMI, FL 33173	Mailing Address 10200 SUNSET DR. MIAMI, FL 33173
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3216484	Applied For <input type="checkbox"/> Not Applicable
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. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGER, ROBERT			NAME			
STREET ADDRESS	ONE ADP BLVD			STREET ADDRESS			
CITY-ST-ZIP	ROSELAND, NJ 07068			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, CARLOS			NAME			
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASEDA, MILCE			NAME			
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173			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 DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, SERGIO			NAME			
STREET ADDRESS	10200 SUNSET DR.			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			

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04/13/07-80030-013-150.00

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 3/26/07 638-1000

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