2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000034761



03-03-2004 90003 039 ***150.00 ADP TOTALSOURCE STAFFING, INC. Principal Place of Business Mailing Address 54014262 10200 SUNSET DRIVE 10200 SUNSET DRIVE MIAMI, FL 33173 US MIAMI, FL 33173 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0745656 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PAST AVENUE** TALLAHASSEE, FL 32301 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees TH. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. AS TITLE ☐ Delete TITLE □ Change ☐ Addition NAME CUETO, WILLIAM NAME STREET ADDRESS 10200 SUNSET DR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP **☑** Delete Division Controller CFO Addition TITLE TITLE ☐ Change FERNANDEZ, SERGIO NAME NAME Peter Stewart 10200 SURSET Drive STREET ADDRESS 10200 SUNSET DR. STREET ADDRESS MIAMI, FL 33173 <u>miami. Plori</u>da 33173 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, CARLOS A NAME NAME STREET ADDRESS 10200 SUNSET DR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SINGER, ROBERT NAME STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY-ST-ZIP ROSELAND, NJ 07068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ 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 attachm with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-1000

FILED Mar 03, 2004 8:00 am

Secretary of State