


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90059 038 ***150.00

DOCUMENT # S39386

1. Entity Name
ADP TOTALSOURCE III, INC.



Principal Place of Business Mailing Address

10200 SUNSET DRIVE **10200 SUNSET DRIVE**
MIAMI, FL 33173 US **MIAMI, FL 33173 US**

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



03192008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3058828 Not Applicable

5. Certificate of Status Desired **\$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

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 _____ (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	SD	<input type="checkbox"/> Delete
NAME	SINGER, ROBERT	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND, NJ 07068	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	10200 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MASEDA, MIKE	
STREET ADDRESS	10200 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUETO, WILLIAM	
STREET ADDRESS	10200 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, SERGIO	
STREET ADDRESS	10200 SUNSET DRIVE	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio Fernandez	
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	Florham 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** Date Daytime Phone # _____