2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089970

Entity Name: APQ-AAA JOBS, LLC

City-St-Zip:

MANILA, NCR, XX 1000 PH

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7191 TAFT STREET HOLLYWOOD, FL 33024 **Current Mailing Address: New Mailing Address:** 7191 TAFT STREET HOLLYWOOD, FL 33024 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LACSON, ABRAHAM D 7191 TAFT STREET HOLLYWOOD, FL 33024 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ALCAIDE, ANITA D Name: Name: Address: 16700 NE 22ND AVE., APARTMENT 1 Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LACSON, ABRAHAM D Name: Address: 460 NW 166TH AVENUE Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ALEXANDER P.QUILLOPE, VICENTE Name: Name: 962 ESCODA STREET, ERMITA Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: ANITA ALCAIDE MGR 04/30/2009