



Secretary of State
Statement of Information
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550

20-020318

FILED

Secretary of State
State of California

MAR 30 2020

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) — \$25.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

Air Masters Systems, Inc.

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

31.5/25/CC/0.50
3894343

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 5654 Sugar Maple Way	City (no abbreviations) Fontana	State CA	Zip Code 92336
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ David	First Name	Middle Name Cova	Last Name Chavez	Suffix
Address 5654 Sugar Maple Way			City (no abbreviations) Fontana	State CA Zip Code 92336
b. Secretary Anthony	First Name	Middle Name	Last Name Chavez	Suffix
Address 16140 Malaga Ave.			City (no abbreviations) Fontana	State CA Zip Code 92336
c. Chief Financial Officer/ David	First Name	Middle Name Cova	Last Name Chavez	Suffix
Address 5654 Sugar Maple Way			City (no abbreviations) Fontana	State CA Zip Code 92336

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name David	Middle Name Pablo	Last Name Chavez	Suffix
Address 7385 Lombardy Ave.		City (no abbreviations) Fontana	State CA Zip Code 92336
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) David	Middle Name Cova	Last Name Chavez	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 5654 Sugar Maple Way		City (no abbreviations) Fontana	State CA Zip Code 92336

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
Installation and service of HVAC equipment.

8. The information contained herein, including in any attachments, is true and correct.

03/24/2020

David C. Chavez

Date

Type or Print Name of Person Completing the Form

Title SI-550 (REV 11/2019)

Signature

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