

provision of the Labor Code.

**STATE OF CALIFORNIA** 

CORPORATION

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

## 

BA202419290

For Office Use Only



File No.: BA20241929011 Date Filed: 10/31/2024

| 1500 11th Street<br>Sacramento, California 95814<br>(916) 657-5448                    |                                      |  |   | Date Filed: 10/31/2024 |  |
|---|--------------------------------------|--|---|------------------------|--|
| (910) 037-3446  |                                      |  |   |                        |  |
| Entity Details<br>Corporation Name  |                                      | Build  | l to Impress Remodelin                                      | a                      |  |
|   |                                      |  |   | y .                    |  |
| Entity No.<br>Formed In   |                                      |  | 6443797<br>CALIFORNIA                                       |                        |  |
|   |                                      | 0/12   |   |                        |  |
| Street Address of Principal Office of Corporation<br>Principal Address                |                                      |  | 5 AMELIA AVE<br>IFORD, CA 93230                             |                        |  |
| Mailing Address of Corporation  |                                      |  |   |                        |  |
| Mailing Address   |                                      |  | 5 AMELIA AVE<br>IFORD, CA 93230                             |                        |  |
| Attention   |                                      |  |   |                        |  |
| Street Address of California Office of Corp<br>Street Address of California Offic     |                                      | Non  | e   |                        |  |
| Officers  |                                      |  |   |                        |  |
| Officer Name  | Officer Address                      |  | Position(s)   |                        |  |
| + EDGAR VARGAS LOPEZ  | 1515 AMELIA AVE<br>HANFORD, CA 93230 | Chief  | Chief Executive Officer, Chief Financial Officer, Secretary |                        |  |
|   |                                      |  |   |                        |  |
| Additional Officers   |                                      |  |   |                        |  |
| Officer Name  | Officer Address                      |  | Position  | Stated Position        |  |
|   | None                                 | Entere   | d   |                        |  |
|   |                                      |  |   |                        |  |
| Directors   |                                      |  |   |                        |  |
| Director  | Name                                 |  | Director Address  |                        |  |
| + EDGAR VARGAS LOPEZ  |                                      |  | 1515 AMELIA AVE<br>HANFORD, CA 93230                        |                        |  |
| + VERNICE ALFARO  |                                      |  | 1515 AMELIA AVE<br>HANFORD, CA 93230                        |                        |  |
| The number of vacancies on Bo   | ard of Directors is: 0               | ł  |   |                        |  |
| Agent for Service of Process  |                                      |  |   |                        |  |
| Agent Name  |                                      |  | ar Vargas Lopez   |                        |  |
| Agent Address   |                                      |  | 5 AMELIA AVE<br>IFORD, CA 93230                             |                        |  |
| Type of Business<br>Type of Business  |                                      | CON  | ISTRUCTION RESIDE   | NTIAL REMODELING       |  |
| Email Notifications<br>Opt-in Email Notifications                                     |                                      | Yes, I opt-in to receive entity notifications via email. |   |                        |  |
| Labor Judgment<br>No Officer or Director of this Co<br>Enforcement or a court of law, |                                      |  |   |                        |  |

| Electronic Signature   |            |  |  |  |
|--|------------|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. |            |  |  |  |
|  |            |  |  |  |
| Edgar Vargas Lopez   | 10/31/2024 |  |  |  |
| Signature  | Date       |  |  |  |
|  |            |  |  |  |