

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

(916) 657-5448

California Secretary of State

Sacramento, California 95814

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20241712323

For Office Use Only



File No.: BA20241712323 Date Filed: 9/25/2024

| Entity Details | | | | | | | |
|---|--|--|---|---|--|--|--|
| - | Corporation Name | | | | AMERICAN AIR CONCEPTS, INC. | | |
| Entity No. | | | | 6397779 | | | |
| Formed In | | | CAL | IFORNIA | | | |
| Street Address of Principal Office of 0 | Corpo | ration | | | | | |
| Principal Address | | | | 1893 STONE HAVEN DR CORONA, CA 92879 | | | |
| | | | 0 | (ONA, CA 92019 | | | |
| Mailing Address of Corporation | | | 100' | 3 STONE HAVEN DR | | | |
| Mailing Address | | | | CORONA, CA 92879 | | | |
| Attention | | | | | | | |
| Street Address of California Office of | Corpo | oration | | | | | |
| Street Address of California Office | | | | 1893 STONE HAVEN DR CORONA, CA 92879 | | | |
| Officers | | | | | | | |
| Officer Name | Officer Address | | Position(s) | | | | |
| + NARCISO CUEVAS | CUEVAS 1893 STONE HAVEN DR CORONA, CA 92879 | | | Chief Executive Officer, Secretary, Chief Financial Officer | | | |
| Additional Officers | | | | | | | |
| Officer Name | | Officer Address | | Position | Stated Position | | |
| | ł | None | Entere | d | | | |
| Directors | | | | | | | |
| Director Name | | | | Director Address | | | |
| | | | | | | | |
| + NARCISO CUEVAS | | | | 1893 STONE HAVEN DR CORONA, CA 92879 | | | |
| The number of vacancies or | ו Boa | ard of Directors is: 0 | | | | | |
| Agent for Service of Process | | | | | | | |
| Agent Name | | | NAF | NARCISO CUEVAS | | | |
| Agent Address | | | 1893 STONE HAVEN DR CORONA, CA 92879 | | | | |
| Type of Business | | | | | | | |
| Type of Business | | | | C | | | |
| Email Notifications Opt-in Email Notifications | | | | Yes, I opt-in to receive entity notifications via email. | | | |
| | aw, ' | prporation has an outstandir for which no appeal therefrc | | | the Division of Labor Standards on of any wage order or | | |

| Electronic Signature | |
|---|--|
| By signing, I affirm that the information h | nerein is true and correct and that I am authorized by California law to sign. |
| | |
| LEO VORONTSOV | 09/25/2024 |
| Signature | Date |
| | |