



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

SI-550

101

FILED

Secretary of State
State of California

OCT 18 2021

32/25/CC/PC
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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.)

A.G. PROFESSIONAL SERVICES, INC.

2. 7-Digit Secretary of State Entity Number

C2466020

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 2711 E CESAR E CHAVEZ AVE	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90033
b. Mailing Address of Corporation, if different than item 3a N/A	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 N/A	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/ ALEJANDRO	First Name	Middle Name	Last Name GARCIA	Suffix
Address 2711 E CESAR E CHAVEZ AVE			City (no abbreviations) LOS ANGELES	State CA Zip Code 90033
b. Secretary ALEJANDRA	First Name	Middle Name M	Last Name GARCIA	Suffix
Address 2711 E CESAR E CHAVEZ AVE			City (no abbreviations) LOS ANGELES	State CA Zip Code 90033
c. Chief Financial Officer/ RUBEN	First Name	Middle Name	Last Name GARCIA	Suffix
Address 2711 E CESAR E CHAVEZ AVE			City (no abbreviations) LOS ANGELES	State CA Zip Code 90033

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 ALEJANDRO	Middle Name	Last Name GARCIA	Suffix
Address 2711 E CESAR E CHAVEZ AVE		City (no abbreviations) LOS ANGELES	State CA Zip Code 90033

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) ALEJANDRA	Middle Name M	Last Name GARCIA	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 2711 E CESAR E CHAVEZ AVE		City (no abbreviations) LOS ANGELES	State CA Zip Code 90033

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
 INCOME TAX AND LEGAL SERVICES

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

09/23/2021

Date

ALEJANDRO GARCIA

Type or Print Name of Person Completing the Form

PRESIDENT

Title

Signature