

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000491

**Entity Name:** GATESAIR, INC.**Current Principal Place of Business:**5300 KINGS ISLAND DRIVE, SUITE 101  
MASON, OH 45040**Current Mailing Address:**5300 KINGS ISLAND DRIVE, SUITE 101  
MASON, OH 45040 US**FEI Number:** 45-4956212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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

**Officer/Director Detail :**

Title CEO  
Name SPICEK, BARBARA  
Address 168 KILMER AVE  
City-State-Zip: CAMPBELL CA 95008

Title DIRECTOR  
Name AKBARALY, ALI  
Address C/O PEYROT & ASSOCIATES, PC 62  
WILLIAM STREET, 8TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title SECRETARY  
Name TRONC, SYLVAIN  
Address C/O PEYROT & ASSOCIATES, PC 62  
WILLIAM STREET, 8TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title CHAIRMAN, DIRECTOR  
Name AKBARALY, YLIAS  
Address C/O PEYROT & ASSOCIATES, PC 62  
WILLIAM STREET, 8TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title CFO  
Name HILLS, JEFFREY  
Address C/O PEYROT & ASSOCIATES, PC 62  
WILLIAM STREET, 8TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT SECRETARY  
Name PEYROT, FRANCOIS  
Address C/O PEYROT & ASSOCIATES, PC  
62 WILLIAM STREET, 8TH FLOOR  
City-State-Zip: NEW YORK NY 10005

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA SPICEK

CEO

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date