

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000029699

**Entity Name:** IMS PIPING INC.

**Current Principal Place of Business:**

1200 BRICKELL AVE.  
SUITE 310  
MIAMI, FL 33131

**Current Mailing Address:**

1200 BRICKELL AVE.  
SUITE 310  
MIAMI, FL 33131 US

**FEI Number:** 88-1927064

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILVESTRI INTERNATIONAL CORP.  
1200 BRICKELL AVE.  
SUITE 310  
MIAMI, FL 33131 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 P  
Name LANZALONE, LUCA  
Address 1200 BRICKELL AVE., SUITE 310  
City-State-Zip: MIAMI FL 33131

Title VP  
Name TRAVERSO, LUIGI  
Address 1200 BRICKELL AVE., SUITE 310  
City-State-Zip: MIAMI FL 33131

Title D, S  
Name BIGGI, GIACOMO  
Address 1200 BRICKELL AVE., SUITE 310  
City-State-Zip: MIAMI FL 33131

Title D  
Name CAROSSA, FRANCO  
Address 1200 BRICKELL AVE., SUITE310  
City-State-Zip: MIAMI FL 33131

Title T  
Name SILVESTRI, LORENZO  
Address 1200 BRICKELL AVE., SUITE 310  
City-State-Zip: MIAMI FL 33131

*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:** LORENZO SILVESTRI

T

02/05/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date