

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000076696

**Entity Name:** CIMO PRODUCT SOLUTIONS, INC.**Current Principal Place of Business:**11565 SOLSTICE CIR  
PARKLAND, FL 33076**Current Mailing Address:**11565 SOLSTICE CIR  
PARKLAND, FL 33076 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIPOLLA, LEONARD S II  
11565 SOLSTICE CIR  
PARKLAND, FL 33076 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:** LEONARD S CIPOLLA II

04/22/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name CIPOLLA, LEONARD S II  
Address 11565 SOLSTICE CIR  
City-State-Zip: PARKLAND FL 33076

Title CFO  
Name CIPOLLA, SARAH A  
Address 11565 SOLSTICE CIR  
City-State-Zip: PARKLAND FL 33076

Title COO  
Name CIPOLLA, LEONARD S III  
Address 11565 SOLSTICE CIR  
City-State-Zip: PARKLAND FL 33076

Title CMO  
Name CIPOLLA, ALYSSA R  
Address 11565 SOLSTICE CIR  
City-State-Zip: PARKLAND FL 33076

Title SECRETARY  
Name CIPOLLA, ISABELLA M  
Address 11565 SOLSTICE CIR  
City-State-Zip: PARKLAND FL 33076

Title OTHER  
Name CIPOLLA, GIOVANNI M  
Address 11565 SOLSTICE CIR  
City-State-Zip: PARKLAND FL 33076

*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:** SARAH A CIPOLLA

CFO

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date