

2002 UNIFORM BUSINESS REPORT (UBR)

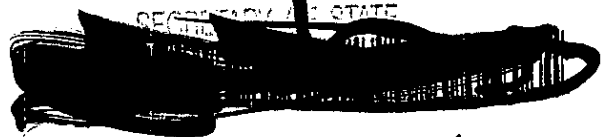
DOCUMENT # *PA7000038486*

1. Entity Name
PiPo & Son Group Corp.

FILED

02 OCT 30 AM 8:21

Principal Place of Business Mailing Address
2834 North Miami Ave Miami - Fla 33125 *2834 North Miami Ave Miami - Fla 33125*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
State, Apt # etc. City & State Zip Country

4. FEI Number *65-0749765* Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name *2AQ200Q MUFFEED*
Street Address (P.O. Box Number is Not Acceptable) *2834 North Miami*
City *MIAMI* State *FL* Zip Code *33125*

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: *10/24/02*

9. This corporation is eligible to satisfy the intangible tax filing requirement and elect to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <i>PD</i>	<input type="checkbox"/> Delete
NAME <i>AHMAD, AMDEL R.</i>	
STREET ADDRESS <i>2834 NORTH MIAMI AVE MIAMI FLA 33125</i>	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>5</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>2AQ200Q MUFFEED</i>	
CITY-STATE-ZIP <i>2834 North Miami Ave Miami Fla 33125</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *10/24/02*

gr 11/6/02

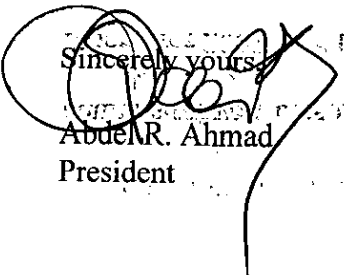
10/25/02

To: Division of Corporations

Subject: Pipo & Son Group Corporation
Annual Report 2002

As per our conversation with your department that our corporation was
administratively dissolved on October 4, 2002, we never received the prior annual
reports for 2002, and that for this time our fees will be waived. Enclosed please find a
copy of a 2002 uniform business report and the fee of \$150.00. We are sorry for any
inconvenience this may have caused. Please also include a certificate of status. The
\$8.75 is included.

Sincerely yours,


AbdeR. Ahmad
President