


FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|------------------------------------|---|---|
| DOCUMENT # P97000038486 | |  | |
| 1. Entity Name PIPO & SON GROUP CORP. | | | |
| Principal Place of Business 2834 N MIAMI AVENUE MIAMI, FL 33125 | | Mailing Address 2834 N MIAMI AVENUE MIAMI, FL 33125 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0749765 | | Applied For Not Applicable | |
| 5. Certificate of Status Declared <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| OTHMAN, JUMA 2834 N MIAMI AVENUE MIAMI, FL 33125 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>SIGNATURE: typewritten or printed name of registrant agent and the filer (applicable) (NOTE: Registered Agent signature required when retreating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OTHMAN, JUMA | NAME | |
| STREET ADDRESS | 2834 N. MIAMI AVENUE | STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI, FL 33125 | CITY, ST, ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAQZOUQ, MUFEED | NAME | |
| STREET ADDRESS | 1339 W. 49TH PL. APT. #31 | STREET ADDRESS | |
| CITY, ST, ZIP | HIALEAH, FL 33012 | CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | DATE: _____ | |
| <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |



04292004 Chg-P CR2E034 (10/03)

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