


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000000791		
1. Entity Name PIEDMONT CUSTOMS HOUSE BROKERS, INC.		

Principal Place of Business PO BOX 35031 GREENSBORO, NC 27425	Mailing Address PO BOX 35031 GREENSBORO, NC 27425
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01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1785394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEPERI, JOSEPH 10400 NW 33RD ST SUITE 250 MIAMI, FL 33172

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>
DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DE PERI, JOSEPH 3 DOWNING RIDGE CT. GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV BROWN, SANDRA P 169 INGLEOAK WAY GREENVILLE, SC 29615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80066-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joseph De Peri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	President 2/15/06 336-323-2741 <small>Date Daytime Phone #</small>