

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004840

FILED
Feb 23, 2009
Secretary of State

Entity Name: MASTRONARDI PRODUCE-USA, INC.

Current Principal Place of Business:

6505 COGSWELL ROAD
SUITE 200
ROMULUS, MI 48174

New Principal Place of Business:

Current Mailing Address:

6505 COGSWELL ROAD, SUITE 200
ROMULUS, MI 48174

New Mailing Address:

6505 COGSWELL ROAD
SUITE 200
ROMULUS, MI 48174

FEI Number: 20-3902640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPONTBRIAND, DAVID A RA
2560 OLD COMBEEEE RD., SUITE 1
LAKELAND, FL 338059560 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MASTRONARDI, DONALD U
Address: 6505 COGSWELL ROAD, SUITE 200
City-St-Zip: ROMULUS, MI 48174

Title: VP () Delete
Name: MASTRONARDI, PAUL
Address: 6505 COGSWELL ROAD, SUITE 200
City-St-Zip: ROMULUS, MI 48174

Title: DST () Delete
Name: SAFRANCE, MARNE
Address: 6505 COGSWELL ROAD, SUITE 200
City-St-Zip: ROMULUS, MI 48174

Title: CFO () Delete
Name: GRZYWACZ, VINCENT P
Address: 6505 COGSWELL ROAD, SUITE 200
City-St-Zip: ROMULUS, MI 48174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINCENT P. GRZYWACZ

CFO

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date