

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004840

FILED
Apr 27, 2012
Secretary of State

Entity Name: MASTRONARDI PRODUCE-USA, INC.

Current Principal Place of Business:

28700 PLYMOUTH RD.
LIVONIA, MI 481502336

New Principal Place of Business:

Current Mailing Address:

28700 PLYMOUTH RD.
LIVONIA, MI 481502336

New Mailing Address:

FEI Number: 20-3902640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MASTRONARDI, PAUL
Address: 28700 PLYMOUTH ROAD
City-St-Zip: LIVONIA, MI 48150

Title: DST
Name: SAFRANCE, MARNE
Address: 28700 PLYMOUTH ROAD
City-St-Zip: LIVONIA, MI 48150

Title: COO
Name: SAFRANCE, KEVIN
Address: 28700 PLYMOUTH ROAD
City-St-Zip: LIVONIA, MI 48150

Title: CFO
Name: ATTRIDGE, STEVE
Address: 28700 PLYMOUTH ROAD
City-St-Zip: LIVONIA, MI 48150

Title: CTRL
Name: GRZYWACZ, VINCENT P
Address: 28700 PLYMOUTH ROAD
City-St-Zip: LIVONIA, MI 48150

Title: CHRM
Name: MASTRONARDI, DON
Address: 28700 PLYMOUTH ROAD
City-St-Zip: LIVONIA, MI 48150

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: VINCENT P. GRZYWACZ

CTRL

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date