


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 036 ***150.00

DOCUMENT # 171517
 1. Entity Name
DEL MONTE FRESH PRODUCE N.A., INC.



Principal Place of Business
241 SEVILLA AVE.
CORAL GABLES, FL 33134 US

Mailing Address
P.O. BOX 149222
CORAL GABLES, FL 33114-9222 US

40039639



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0687405 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------|---------------------------------|--|---|-----------------------------|--|-----------------------------------|
| TITLE | D/P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EL-NAFFY, HANI | | | NAME | | | |
| STREET ADDRESS | 241 SEVILLA AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | CITY-ST-ZIP | | | |
| TITLE | D/SV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICE, PAUL J | | | NAME | | | |
| STREET ADDRESS | 241 SEVILLA AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | CITY-ST-ZIP | | | |
| TITLE | DCFO | <input type="checkbox"/> Delete | | TITLE | CFO/EVP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | INSERRA, JOHN F | | | NAME | Inserra, John F. | | |
| STREET ADDRESS | 241 SEVILLA AVENUE | | | STREET ADDRESS | 241 Sevilla Avenue | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | CITY-ST-ZIP | Coral Gables, Florida 33134 | | |
| TITLE | V/S | <input type="checkbox"/> Delete | | TITLE | V/S/General Counsel | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JORDAN, BRUCE A | | | NAME | 241 Sevilla Avenue | | |
| STREET ADDRESS | 241 SEVILLA AVENUE | | | STREET ADDRESS | Coral Gables, FL 33134 | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | CITY-ST-ZIP | | | |
| TITLE | VTAS | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, PETER M | | | NAME | | | |
| STREET ADDRESS | 241 SEVILLA AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | CITY-ST-ZIP | | | |
| TITLE | SV | <input type="checkbox"/> Delete | | TITLE | D/SV | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LAZOPOULOS, EMANUEL | | | NAME | Lazopoulos, Emanuel | | |
| STREET ADDRESS | 241 SEVILLA AVENUE | | | STREET ADDRESS | 241 Sevilla Avenue | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | CITY-ST-ZIP | Coral Gables, FL 33134 | | |

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:  **Bruce A. Jordan - Secretary** **3/20/07 305/520-8400 or 805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40039639

DEL MONTE FRESH PRODUCE N.A., INC.

ATTACHMENT
TO
2007 FOR PROFIT CORPORATION ANNUAL REPORT
FLORIDA
DOCUMENT #171517

LIST OF ADDITIONAL OFFICERS

| Legal Name (Last - First - Middle Initial) | Title(s) | Address | Change/Addition |
|--|---|--|-----------------|
| Tenazas, Marissa R. | V/AS | 241 Sevilla Avenue Coral Gables, FL 33134 | Addition |
| Contreras, Richard | Vice President and Assistant Treasurer | 241 Sevilla Avenue Coral Gables, FL 33134 | Addition |
| Vicente, Monica | Vice President and Assistant Treasurer | 241 Sevilla Avenue Coral Gables, FL 33134 | Addition |