
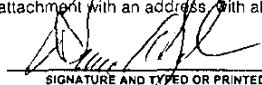


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90158 001 *1,650.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 149222 Suite, Apt. #, etc. ATTN: Legal Dept.	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
33114-9222	U.S.A.	33114-9222	U.S.A.
4. FEI Number 59-0687405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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. See attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P EL-NAFFY, HANI 241 SEVILLA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/CFO Contreras, Richard 241 Sevilla Avenue Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VS RICE, PAUL J 241 SEVILLA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT Vicente, Monica 241 Sevilla Avenue Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP INSERRA, JOHN F 241 SEVILLA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Tenazas, Marissa R. 241 Sevilla Avenue CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC JORDAN, BRUCE A 241 SEVILLA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/General Counsel JORDAN, Bruce A. 241 Sevilla Avenue Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS THOMPSON, PETER M 241 SEVILLA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP LAZOPOULOS, EMANUEL 241 SEVILLA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-30-08 Daytime Phone #: 305-520-8400	

ATTACHMENT

DEL MONTE FRESH PRODUCE N.A., INC.

ATTACHMENT
TO
2008 FOR PROFIT CORPORATION ANNUAL REPORT
FLORIDA
DOCUMENT #171517

66011973

10. continuation:

Legal Name Last Name, First Middle Initial	Title(s)	Address	Deletion
Insera, John F.	CFO	241 Sevilla Avenue Coral Gables, FL 33134	X
Contreras, Richard	V/AT	241 Sevilla Avenue Coral Gables, FL 33134	X