2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34917

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTLAKE VILLAGE, CA 91362 US

() Delete

WESTLAKE VILLAGE, CA 91362 US

CONNER, JEFFREY B

ONE DOLE DRIVE

FILED Apr 24, 2008 Secretary of State

Entity Name: DOLE FRESH FLOWERS, INC.							
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
ONE DOLE WESTLAKE	DRIVE EVILLAGE, CA	A 91362	US				
Current Mailing Address:				New Maili	New Mailing Address:		
ONE DOLE DRIVE WESTLAKE VILLAGE, CA 913627300 US							
FEI Number:	77-0175155	FEI Numb	er Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				1200 SOUT	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US		
The above in the State		submits this	s statement for the pu	rpose of changing it	ts registered	office or registered agent, or both,	
SIGNATURE:					04/24/2008		
Electronic Signature of Registered Agent				t		Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () POTILLO, BETH ONE DOLE DRI WESTLAKE VIL	VE	1362 US	Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P (X) SHOUTEN, JOH ONE DOLE DRI WESTLAKE VIL	VE	1362 US	Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address:	D () CARTER, C. MICONE DOLE DRI			Title: Name: Address:	D CARTER, MICONE DOLE D		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTLAKE VILLAGE, CA 91362 US

() Change () Addition

SIGNATURE: JEFFERY CONNER S 04/24/2008