
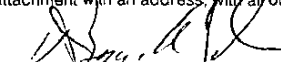


**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

66011972

DOCUMENT # P96000101102		05-23-2008 90158 001 *1,650.00	
1. Entity Name DEL MONTE FRESH PRODUCE (FLORIDA) INC.			
Principal Place of Business 241 SEVILLA AVE. CORAL GABLES, FL 33134		Mailing Address P.O. BOX 149222 CORAL GABLES, FL 33114-9222	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 149222	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		Attn: Legal Dept. City & State Coral Gables, Florida	
Zip	Country	Zip	Country
33114-9222	U.S.A.	4. FEI Number 65-0830019	
5. Certificate of Status Desired		Applied For Not Applicable	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D/P EL-NAFFY, HANI 241 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SV Liapopoulos, Emanuel 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV INSERRA, JOHN F 241 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/CFO Contreras, Richard 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S JORDAN, BRUCE A 241 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT Vicente, Monica 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS THOMPSON, PETER M 241 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Tenzas, Marissa R. 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV RICE, PAUL J 241 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel Jordan, Bruce A. 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT Contreras, Richard 241 Sevilla Avenue Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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		4/30/08 305-520-8400	