2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# P05000134801

Entity Name: REAL COFFEE CORP.

Current Principal Place of Business:

275 NE 18 ST, #910
MIAMI, FL 33132

New Principal Place of Business:

1818 SW 1ST AVE APT 1214
MIAMI, FL 33129

Current Mailing Address:

275 NE 18 ST, #910
MIAMI, FL 33132

New Mailing Address:

1818 SW 1ST AVE APT 1214
MIAMI, FL 33129

FEI Number: 20-3576454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARANA, LEONEL J
275 NE 18 ST, #910
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ARANA, LEONEL J
1818 SW 1ST AVE APT 1214
MIAMI, FL 33129 US

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: LEONEL J. ARAMA 10/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ARANA, LEONEL J
Address: 275 NE 18 ST, #910
City-St-Zip: MIAMI, FL 33132

Title: VSD ( ) Delete
Name: GALLO DE ARANA, CECILIA
Address: 275 NE 18 ST, #910
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: ARANA, LEONEL J
Address: 1818 SW 1ST AVE APT 1214
City-St-Zip: MIAMI, FL 33129

Title: VSD (X) Change ( ) Addition
Name: GALLO DE ARANA, CECILIA
Address: 1818 SW 1ST AVE APT 1214
City-St-Zip: MIAMI, FL 33129

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.

SIGNATURE: LEONEL J. ARANA PSD 10/16/2009
Electronic Signature of Signing Officer or Director Date