

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007992

**Entity Name:** DR.AQUINO'S FOUNDATION/ TRAINING BRAINS, CORP

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**4531213484CC**

**Current Principal Place of Business:**

13021 SW 242 ST  
A-105  
PRINCETON, FL 33032

**Current Mailing Address:**

13021 SW 242 ST  
A-105  
PRINCETON, FL 33032 US

**FEI Number: 30-0747465**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AQUINO, SAYIRA DR.  
4000 HOLLYWOOD BLVD  
555-S  
HOLLYWOOD, FL 33021 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: DR.SAYIRA AQUINO**

**04/30/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D, CEO  
Name AQUINO, SAYIRA DR.  
Address 14340 SW 260 ST  
115  
City-State-Zip: HOMESTEAD FL 33033

Title ASST. TREASURER  
Name GARCIA, MILADYS  
Address 115 NW 202 TERR  
706  
City-State-Zip: MIAMI FL 33169

Title COO  
Name AQUINO, RAFAEL JR.  
Address 77522 OVERSEAS HWY,  
ISLAMORADA, FL  
City-State-Zip: ISLAMORADA FL 33036

Title OFFICER  
Name VENTURA , KEILA  
Address 20451 SW 124 PL  
City-State-Zip: MIAMI FL 33177

Title OFFICER  
Name ALVAREZ DE VENTURA, BLASINA  
Address 20541 SW 124 PL  
City-State-Zip: MIAMI FL 33177

Title OFFICER  
Name VENTURA DE LUNA, ROSA MARIA  
Address 20541 SW 124 PL  
City-State-Zip: MIAMI FL 33177

Title OFFICER  
Name SANTOS-VENTURA, JOSE  
ALEJANDRO SR.  
Address 3320 NE 13 CIR DR  
105  
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR  
Name LARRAIN, FLORENCIA  
Address 917 PONCE DE LEON  
202  
City-State-Zip: CORAL GABLES FL 33134

**Continues on page 2**

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SAYIRA AQUINO**

**PRESIDENT**

**04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DE JESUS VARGAS, DR.LUZ  
Address        1904 OKLAHOMA DR  
City-State-Zip: ALTUS OK 73521