

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007992

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

Current Principal Place of Business:

5460 SR 7
211
FORT LAUDERDALE, FL 33319

Current Mailing Address:

PO BOX 924357
HOMESTEAD, FL 33092 US

FEI Number: 30-0747465

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AQUINO, SAYIRA DR.
5460 SR 7
211
HOMESTEAD, FL 33319 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

04/30/2019

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 T, D
Name GARCIA, MILADYS
Address 115 NW 202 TERR
706
City-State-Zip: MIAMI FL 33169

Title COO
Name AQUINO, RAFAEL JR.
Address 160 ADOBE CASA CT. DR
City-State-Zip: KEY LARGO FL 33037

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 VENTURA ALVAREZ, JUANA
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

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

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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