

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

DOCUMENT# N12000007992

**Entity Name:** DR.AQUINO'S FOUNDATION/ TRAINING BRAINS, CORP**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	COO
Name	AQUINO, RAFAEL JR.
Address	77522 OVERSEAS HWY, ISLAMORADA, FL
City-State-Zip:	ISLAMORADA FL 33036
Title	OFFICER
Name	ALVAREZ DE VENTURA, BLASINA
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	ASST. TREASURER
Name	GARCIA, MILADYS
Address	115 NW 202 TERR 706
City-State-Zip:	MIAMI FL 33169
Title	OFFICER
Name	VENTURA , KEILA
Address	20451 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	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