

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007992

Entity Name: DR.AQUINO'S FOUNDATION/ TRAINING BRAINS, CORP**Current Principal Place of Business:**9299 SW 152ND ST
200-G
PALMETTO BAY, FL 33157**Current Mailing Address:**9299 SW 152ND ST
200-G
PALMETTO BAY, FL 33157 US**FEI Number:** 30-0747465**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AQUINO, SAYIRA DR.
9299 SW 152ND
200-G
PALMETTO BAY, FL 33033 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

03/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name AQUINO, SAYIRA DR.
Address 9299 SW 152ND ST
200-G
City-State-Zip: PALMETTO BAY FL 33157

Title COO
Name AQUINO, RAFAEL JR.
Address 14301 SW 268 ST
106
City-State-Zip: HOMESTEAD FL 33032

Title OFFICER
Name BRITO-FERNANDEZ, ANTONIO
ENRIQUE DR.
Address 26564 SW 112 PL
City-State-Zip: HOMESTEAD FL 33032

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

Title T, D
Name GARCIA, MILADYS
Address 150 NE 69 ST
404
City-State-Zip: MIAMI FL 33138

Title DEACON
Name RIVERA, RICK DR.
Address 11247 SW 229 TERR
City-State-Zip: MIAMI FL 33170

Title DIRECTOR
Name TRUJILLO, FALLON MS
Address 13316 SW 128 PASS
City-State-Zip: MIAMI FL 33186

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

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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

PRESIDENTE

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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