

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007992

Entity Name: DR.AQUINO'S FOUNDATION/ TRAINING BRAINS, CORP**Current Principal Place of Business:**29220 KANSAS RD
HOMESTEAD, FL 33033**Current Mailing Address:**29220 KANSAS RD
HOMESTEAD, FL 33033 US**FEI Number: 30-0747465****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AQUINO, SAYIRA
29220 KANSAS RD
HOMESTEAD, 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P,D
Name	AQUINO, SAYIRA
Address	29220 KANSAS RD
City-State-Zip:	HOMESTEAD FL 33033

Title	D
Name	AQUINO, RICHARD
Address	1427 UNITY ST
City-State-Zip:	PHILADELPHIA PA 19124

Title	D
Name	LARRAIN, FLORENCIA
Address	717 PONCE DE LEON
City-State-Zip:	CORAL GABLES FL 33134

Title	V,D
Name	AQUINO, RAFAEL JR
Address	29220 KANSAS RD
City-State-Zip:	HOMESTEAD FL 33033

Title	OTHER, NEUROTHERAPIST
Name	DAYLIN, HERNANDEZ II
Address	17400 SW 97TH AVE 106
City-State-Zip:	PALMETTO BAY FL 33176

Title	T,D
Name	GARCIA, MILADYS
Address	750 W 20 ST
City-State-Zip:	HIALEAH FL 33010

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****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date