

2015 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

04/30/2015

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 D
Name LARRAIN, FLORENCIA
Address 717 PONCE DE LEON
202
City-State-Zip: CORAL GABLES FL 33134

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

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

Title BRANCH DIRECTOR
Name CITTADINO, OMAR
Address 9299 SW 152ND ST
200
City-State-Zip: PALMETTO BAY FL 33157

Title BRANCH DIRECTOR, PASTOR
Name RIVERA-DAVILA, BLANCA D, DR.
Address 11111 SW 10TH ST
9-2
City-State-Zip: PEMBROKE PINES FL 33025

Title BRANCH DIRECTOR
Name NUNEZ, LETICIA DR.
Address 11150 SW 196 ST
D-206
City-State-Zip: CUTLER BAY FL 33157

Title S, BRANCH DIRECTOR
Name LINARES, MARIANELA
Address 1624 SE 20TH RD
City-State-Zip: HOMESTEAD FL 33035

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: DR.SAYIRA AQUINO

P

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DEACON	Title	OFFICER
Name	RIVERA, RICK DR.	Name	BRITO-FERNANDEZ, ANTONIO ENRIQUE DR.
Address	11247 SW 229 TERR	Address	26564 SW 112 PL
City-State-Zip:	MIAMI FL 33170	City-State-Zip:	HOMESTEAD FL 33032