

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002470

**FILED**  
**Jul 01, 2004**  
**Secretary of State****Entity Name:** MY BACKYARD, INC.**Current Principal Place of Business:**15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014**New Principal Place of Business:**15650 MIAMI LAKEWAY NORTH  
15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014**Current Mailing Address:**15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014**New Mailing Address:**15650 MIAMI LAKEWAY NORTH  
15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014**FEI Number:** 74-3036348**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DECARREAU, PAM  
11511 NW 29 ST  
SUNRISE, FL 33323 US**Name and Address of New Registered Agent:**

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 \_\_\_\_\_

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** SILLA, DEBRA  
**Address:** 15650 MIAMI LAKEWAY NORTH  
**City-St-Zip:** HIALEAH, FL 33014**Title:** D ( ) Delete  
**Name:** GRAY-REEVES, REV. MARY  
**Address:** 3590 SW 143 AVE  
**City-St-Zip:** HOLLYWOOD, FL 33029**Title:** T ( ) Delete  
**Name:** CHAPMAN, CHERYL  
**Address:** 4984 SW 166 AVE  
**City-St-Zip:** HOLLYWOOD, FL 33027**Title:** T ( ) Delete  
**Name:** THOMPSON VARELA, JUDITH  
**Address:** 4352 NW 83RD AVE  
**City-St-Zip:** HIALEAH, FL 33016**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** SILLA, DEBRA  
**Address:** 6765 MIAMI LAKES DRIVE APT K-243  
**City-St-Zip:** HIALEAH, FL 33014**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T ( ) Change (X) Addition  
**Name:** ARUCA, SANTIAGO  
**Address:** 1300 OBISPO AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** T ( ) Change (X) Addition  
**Name:** DR. DISTON, LORRAINE  
**Address:** 7324 BAY HILL DRIVE  
**City-St-Zip:** MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA SILLA

D

07/01/2004

Electronic Signature of Signing Officer or Director

Date

PEREZ,ESQ. T  
7590 NW 186TH STREET, SUITE 206  
MIAMI, FL 33015

EPPY, PENNY T  
12520 PINES BLVD.  
PEMBROKE PINES, FL 33027