

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002470

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: MY BACKYARD, INC.

## Current Principal Place of Business:

15650 MIAMI LAKEWAY NORTH  
15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

15650 MIAMI LAKEWAY NORTH  
15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014

## New Mailing Address:

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: 6765 MIAMI LAKES DRIVE APT K-243  
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: T ( ) Delete  
Name: ARUCA, SANTIAGO  
Address: 1300 OBISPO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: DR. DISTON, LORRAINE  
Address: 7324 BAY HILL DRIVE  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: AROCA, SANTIAGO  
Address: 1300 OBISPO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date