

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F99000004338

1. Entity Name  
WOODHILL CARABELLE, INC.



Principal Place of Business

8340 MEADOW ROAD, SUITE 226  
DALLAS, TX 75231

Mailing Address

8340 MEADOW ROAD, SUITE 226  
DALLAS, TX 75231

FILED

04 MAY 10 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152004 No Chg-P CR2E034 (10/03) 04

4. FEI Number  
75-2828129 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LEWIS, STEVE  
125 SOUTH GADSDEN STREET, SUITE 300  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | PCD                         |
| NAME           | CLARK, EDDIE                |
| STREET ADDRESS | 8340 MEADOW ROAD, SUITE 226 |
| CITY-ST-ZIP    | DALLAS, TX 75231            |
| TITLE          | V                           |
| NAME           | CHIAO, KARL                 |
| STREET ADDRESS | 8340 MEADOW ROAD, SUITE 226 |
| CITY-ST-ZIP    | DALLAS, TX 75231            |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

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05/21/04--01091--020 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karl Chiao  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 (214)369-6665  
Date Daytime Phone #