


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90100 041 \*\*\*150.00

<b>DOCUMENT # F97000005260</b>					
<b>1. Entity Name</b> WEST GRANADA CENTER, INC.					
<b>Principal Place of Business</b> 950 W. AVON RD. BLDG. A-2 ROCHESTER HILLS, MI 48307			<b>Mailing Address</b> P.O. BOX 916 BLOOMFIELD HILLS, MI 48307		
<b>2. Principal Place of Business</b> 2700 S. ROCHESTER RD. Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Rochester Hills, MI		<b>City &amp; State</b>		<b>4. FEI Number</b> 38-3373432	
<b>Zip</b> 48307		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCARFO, MICHAEL D 1314 WINTER SPRINGS BLVD WINTER SPRINGS, FL 32708			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PCD AL HADIDI, SAMIR S 950 W. AVON RD. BLDG. A-2 ROCHESTER HILLS, MI 48307	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	AI-HADIDI, SAMIR S 2700 S. ROCHESTER RD ROCHESTER HILLS, MI 48307	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD HADIED, AHMAD A 3130 INTERLACHEN WEST BLOOMFIELD, MI	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD SCARFO, MICHAEL D 1314 WINTER SPRINGS BLVD WINTER SPRINGS, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 1/13/05		

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