

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000005260**

1. Entity Name  
**WEST GRANADA CENTER, INC.**



Principal Place of Business  
**2700 S. ROCHESTER RD  
ROCHESTER HILLS, MI 48307**

Mailing Address  
**P.O. BOX 916  
BLOOMFIELD HILLS, MI 48307**



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3373432**

Applied for  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCARFO, MICHAEL D  
1314 WINTER SPRINGS BLVD  
WINTER SPRINGS, FL 32708**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

UN00000434756  
04/04/06-80037-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
AL HADIDI, SAMIR S  
2700 S ROCHESTER RD  
ROCHESTER HILLS, MI 48307**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HADIED, AHMAO A  
3130 INTERLACHEN  
WEST BLOOMFIELD, MI**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SCARFO, MICHAEL D  
1314 WINTER SPRINGS BLVD  
WINTER SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/06**  
Date

Daytime Phone #