## 2005 FOR PROFIT CORPORATION

## Sep 08, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F95000005212 09-08-2005 90073 007 \*\*\*150.00 1. Entity Name JHM DOWNTOWN, INC. Principal Place of Business Mailing Address 50065817 RIVERSIDE OFFICE PARK PO BOX 8375 SUITE 3B AND 3G GREENVILLE, SC 29604 GREENVILLE, S 29607 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08292005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 57-0757420 Not Applicable Zin Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W REGIONS CUROTTO, DON C/O WELLS, ALLEN, LANG & MORRISON, P.A. 340 NORTH ORANGE AVENUE ORLANDO, FL 32802 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, typied or pristled name of redistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCD TITLE Delete TITLE ☐ Change ☐ Addition RAMA, HASMUKH P NAME NAME 306 HENDERSON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC CITY-ST-7IE TITLE ☐ Delete TITLE Change Addition RAMA, MANHAR P NAME STREET ADDRESS 1 HERMOSA COURT STREET ADDRESS CITY-ST-7IP GREER, SC CITY-ST-7IP IIIIE ☐ Delete TITLE Change Addition RAMA, JAYANTI P 306 HENDERSON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC CiTY-ST-ZIP ☐ Delete TITLE Change Addition RAMAN, RAMA P NAME NAME 4 RUGOSA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **GREER, SC 29650** CITY-ST-ZIP ☐ Delete THE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 scelever 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 a call chiment with an address, with all other life empowered.

VSVI

DIRECTOR

D OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE

FILED