

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F95000005212**

1. Entity Name  
JHM DOWNTOWN, INC.



Principal Place of Business  
60 POINTE CIR  
GREENVILLE, SC 29615 US

Mailing Address  
60 POINTE CIR  
GREENVILLE, SC 29615 US



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-0757420

Applied For  
Not Applicable

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

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

CUROTTO, DON  
C/O SHUTTS & BOWEN, LLC  
300 S ORANGE AVE, STE 1000  
ORLANDO, FL 32801

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000885531  
04/18/08-80020-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD RAMA, HASMUKH P 60 POINTE CIR GREENVILLE, SC 29615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAMA, MANHAR P 1 HERMOSA COURT GREER, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAMA, JAYANTI P 60 POINTE CIR GREENVILLE, SC 29615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMAN, RAMA P 60 POINTE CIR GREENVILLE, SC 29615
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

4/1/08 84232  
Date Daytime Phone # 9744