

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029369

FILED
Apr 30, 2009
Secretary of State

Entity Name: DEMESMIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

1901 N. PINE ISLAND RD.
PLANTATION, FL 33322

New Principal Place of Business:

6991 WEST BROWARD BLVD
105 A
PLANTATION, FL 33317

Current Mailing Address:

1901 N. PINE ISLAND RD.
PLANTATION, FL 33322

New Mailing Address:

6991 WEST BROWARD BLVD
105 A
PLANTATION, FL 33317

FEI Number: 41-2273060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMESMIN, VICTOR
1901 N. PINE ISLAND RD.
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

DEMESMIN, VICTOR
6991 WEST BROWARD BLVD
105 A
PLANTATION, FL 33317 US

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.

SIGNATURE: VICTOR DEMESMIN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DEMESMIN, VICTOR
Address: 1901 N. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL 33322

Title: DVS () Delete
Name: DEMESMIN, NANCY
Address: 1901 N. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: DEMESMIN, VICTOR
Address: 6991 WEST BROWARD BLVD SUITE 105 A
City-St-Zip: PLANTATION, FL 33317

Title: DVS (X) Change () Addition
Name: DEMESMIN, NANCY
Address: 6991 WEST BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR DEMESMIN

PR

04/30/2009

Electronic Signature of Signing Officer or Director

Date