

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029369

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** DEMESMIN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6991 WEST BROWARD BLVD  
105 A  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6991 WEST BROWARD BLVD  
105 A  
PLANTATION, FL 33317

**New Mailing Address:**

**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  
6991 WEST BROWARD BLVD  
105 A  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DEMESMIN, VICTOR  
Address: 6991 WEST BROWARD BLVD SUITE 105 A  
City-St-Zip: PLANTATION, FL 33317

Title: V P  
Name: DEMESMIN, NANCY  
Address: 6991 WEST BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: VICTOR DEMESMIN

PRES

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date