# 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.

PRESIDENT

#### SIGNATURE: VICTOR DEMESMIN

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029369

Entity Name: DEMESMIN INSURANCE AGENCY, INC.

#### Current Principal Place of Business:

6991 WEST BROWARD BLVD 105 A PLANTATION, FL 33317

#### **Current Mailing Address:**

6991 WEST BROWARD BLVD 105 A PLANTATION, FL 33317

#### FEI Number: 41-2273060

### Name and Address of Current Registered Agent:

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

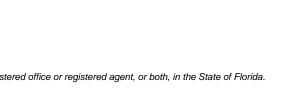
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PRES	Title	VP
Name	DEMESMIN, VICTOR	Name	DEMESMIN, NANCY
Address	6991 WEST BROWARD BLVD SUITE 105 A	Address	6991 WEST BROWARD BLVD PLANTATION FL 33317
City-State-Zip:	PLANTATION FL 33317	ony-olale-zip.	



Certificate of Status Desired: No

FILED Apr 29, 2016 Secretary of State CC5928771438

04/29/2016

Date

Date