

**2017 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            V P  
Name            DEMESMIN, NANCY  
Address        6991 WEST BROWARD BLVD  
City-State-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

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date