

2014 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

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date