

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029369

Entity Name: DEMESMIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

3920 WEST BROWARD BLVD
UNIT B-1
PLANTATION, FL 33312

Current Mailing Address:

P O BOX 16746
PLANTATION, FL 33318 US

FEI Number: 41-2273060

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMESMIN, VICTOR
3920 WEST BROWARD BLVD
UNIT B-1
PLANTATION, FL 33312 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 3920 WEST BROWARD BLVD
 UNIT B-1
City-State-Zip: PLANTATION FL 33312

Title V P
Name DEMESMIN, NANCY
Address 3920 WEST BROWARD BLVD
 UNIT B-1
City-State-Zip: PLANTATION FL 33312

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

03/28/2020

Electronic Signature of Signing Officer/Director Detail

Date