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

105 A PLANTATION, FL 33317

Entity Name: DEMESMIN INSURANCE AGENCY, INC.

Current Mailing Address:

6991 WEST BROWARD BLVD

DOCUMENT# P08000029369

Current Principal Place of Business:

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

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		

Certificate of Status Desired: No

Date

04/30/2019 Date

FILED Apr 30, 2019 Secretary of State 3683768321CC

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT