

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000075171

**Entity Name:** LIVING SECURE INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

7757 W FLAGLER ST.  
SUITE 210  
MIAMI, FL 33144

**Current Mailing Address:**

7757 W FLAGLER ST.  
SUITE 210  
MIAMI, FL 33144 US

**FEI Number:** 45-3221996

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

AREVALO, ODALYS C  
7757 W FLAGLER ST., STE 210  
MIAMI, FL 33144 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            PRESIDENT  
Name           AREVALO, ODALYS C  
Address        7757 W FLAGLER ST., STE 210  
City-State-Zip: MIAMI FL 33144

Title            VP  
Name           CABRERA, MERCEDES  
Address        7757 W FLAGLER ST., STE 210  
City-State-Zip: MIAMI FL 33144

Title            SECRETARY  
Name           AREVALO, JOSUE  
Address        7757 W FLAGLER ST.  
                 SUITE 210  
City-State-Zip: MIAMI FL 33144

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:** ODALYS AREVALO

**MANAGING PARTNER**

**01/27/2021**

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

\_\_\_\_\_  
Date