

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 687060

**Entity Name:** ANALOG MODULES, INC.**Current Principal Place of Business:**126 BAYWOOD AVE  
LONGWOOD, FL 32750**Current Mailing Address:**3000 TAFT STREET  
HOLLYWOOD, FL 33021**FEI Number:** 59-2074349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VICTOR, MENDELSON HESQ.  
825 BRICKELL BAY DRIVE  
SUITE 1644  
MIAMI, FL 33131 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	CEO	Title	DIRECTOR, TREASURER
Name	CRAWFORD, IAN D.	Name	MACAU, CARLOS L. JR.
Address	126 BAYWOOD AVE	Address	3000 TAFT STREET
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	HOLLYWOOD FL 33021

Title	ASST. SECRETARY	Title	SECRETARY
Name	MACHADO, VIVIAN	Name	LETENDRE, ELIZABETH R.
Address	825 BRICKELL BAY DRIVE SUITE 1644	Address	3000 TAFT STREET
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	HOLLYWOOD FL 33021

Title	CONTROLLER	Title	ASST. SECRETARY
Name	GONZALEZ, DANIEL	Name	MARTINEZ, JULISSA P.
Address	126 BAYWOOD AVE	Address	3000 TAFT STREET
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	HOLLYWOOD FL 33021

Title	PRESIDENT
Name	SWEEZEY, GARY
Address	126 BAYWOOD AVE
City-State-Zip:	LONGWOOD FL 32750

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:** CARLOS L. MACAU JR.**TREASURER****03/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date