

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000041134

**Entity Name:** SAW TECHNOLOGIES INC.

**Current Principal Place of Business:**

1655 E SEMORAN BLVD  
STE 22  
APOPKA, FL 32703

**Current Mailing Address:**

1655 E SEMORAN BLVD  
STE 22  
APOPKA, FL 32703 US

**FEI Number:** 61-2104856

**Certificate of Status Desired:** Yes

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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            DIR  
Name            RONKA, KRISTAPS  
Address        1199 WEST HASTINGS STREET,  
                  SUITE 1100  
City-State-Zip: VANCOUVER V6E 3T5

Title            DIR  
Name            GABRIEL, JEFFERY  
Address        1655 EAST SEMORAN BLVD, SUITE 22  
City-State-Zip: APOPKA FL 32703

Title            DIR  
Name            ANDREOLA, PAUL  
Address        1199 WEST HASTINGS STREET  
                  SUITE 1100  
City-State-Zip: VANCOUVER V6E 3T5

Title            DIR  
Name            GABRIEL, MELISSA  
Address        1655 EAST SEMORAN BLVD, SUITE 22  
City-State-Zip: APOPKA FL 32703

*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:** KRISTAPS RONKA

**DIRECTOR**

**04/03/2024**

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

\_\_\_\_\_  
Date