Sep 08, 2006 8:00 am Secretary of State

09-08-2006 90013 001 ***150.00

2006 FOR PROFIT CORPORATION

09-08-2006 90013 002 *****5.00 ANNUAL REPORT 09-08-2006 90013 003 *****8.75 **DOCUMENT # P05000058074** 1. Entity Name SID-TUR INC. 66023891 Principal Place of Business Mailing Address 1840 SW 22ND ST 54 A1 STAMBOLIISKY BLVD SOFIA 1303, BULGARIA, MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08232006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 20-2765479 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4TH FL MIAMI, FL 33145 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE TZOKANOV, GUENTCHO T NAME NAME STREET ADDRESS 1840 SW 22ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete TITLE ☐ Change Addition TITLE RASSOVSKI, ANTON G NAME NAME 1840 SW 22ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SERAFIMOV, IVAN D NAME NAME STREET ADDRESS 1840 SW 22ND ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition SERAFIMOV, SNEJANA V NAME NAME STREET ADDRESS 1840 SW 22ND ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. en cuails TZOKANON GUENTCHO T. SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sincerely, G.Tzokanov

SID-TUR Inc.