
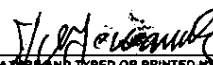


04-23-2007 90123 001 \*\*\*150.00  
04-23-2007 90123 002 \*\*\*\*\*8.75  
04-23-2007 90123 003 \*\*\*\*\*5.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P05000058074</b>   |  |    |
| 1. Entity Name<br><b>SID-TUR INC.</b>  |  |   |
| Principal Place of Business<br><b>1840 SW 22ND ST<br/>MIAMI, FL 33145</b>  | Mailing Address<br><b>54 A1 STAMBOLISKY BLVD<br/>SOFIA 1303, BULGARIA,</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22 ST 4TH FL<br/>MIAMI, FL 33145</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 8. The above 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 office of registered agent.   |  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  | DATE _____  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>TZOKANOV, GUENTCHO T<br>1840 SW 22ND ST<br>MIAMI, FL 33145           |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>RASOVSKI, ANTON G<br>1840 SW 22ND ST<br>MIAMI, FL 33145               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>SERAFIMOV, IVAN D<br>1840 SW 22ND ST<br>MIAMI, FL 33145              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SERAFIMOV, SNEJANA V<br>1840 SW 22ND ST<br>MIAMI, FL 33145           |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 12. I hereby certify that the information supplied with this filing 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. |  |   |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date <b>04.03.2007</b><br><small>Daytime Phone #</small>  |