2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

THED **DOCUMENT # P05000058074** 1. Entity Name 08 JUL -8 PH 12: 03 SID-TUR INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1840 SW 22ND ST 54 A1 STAMBOLIISKY BLVD SOFIA 1303, BULGARIA, MIAMI, FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022008 Chg-P CR2E034 (12/06) Applied For 4. FFI Number City & State City & State 20-2765478 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete ☐ Change PΠ ТПІЕ TITLE TZOKANOV, GUENTCHO T NAME NAME 50013292185 07/15/08--01007--012 ** STREET ADDRESS 1840 SW 22ND ST STREET ADDRESS **150.00 MIAMI, FL 33145 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE RASSOVSKI, ANTON G NAME NAME STREET ADDRESS 1840 SW 22ND ST STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change | SERAFIMOV, IVAN D NAME NAME STREET ADDRESS STREET ADDRESS 1840 SW 22ND ST CITY-ST-ZIP MIAMI, FL 33145 CITY - ST - ZIP ☐ Defete ☐ Change Addition TITI F SERAFIMOV, SNEJANA V NAME NAME 1840 SW 22ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, withpall other like empowered. ZOKANCY, EVENTEHOT JUNE 14, 2008