


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90047 029 \*\*\*\*61.25

**DOCUMENT # F99000004475**

1. Entity Name  
**SUN SYMPHONY SOCIETY, INC.**



Principal Place of Business      Mailing Address

**C/O JOSEPH EGER**  
~~3200 NE 7TH COURT, SUITE 205 A~~  
**POMPANO BEACH FL 33062**  
**3240 NE 11th St, Ste 205**

*Joseph Eger*  
**3240 NE 11th St Apt 205**  
**Pompano Beach, FL 33062**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FE# Number      Applied For

**23-7423405**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

**EGER, JOSEPH**  
~~3200 NE 7TH COURT~~ **3240 NE 11th St.**  
**SUTIE 250**  
**POMPANO BEACH FL 33062**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PS	<input type="checkbox"/> Delete
NAME	EGER, JOSEPH	
STREET ADDRESS	3200 NE 7TH COURT, #207A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EGER, DORITA BEH	
STREET ADDRESS	3200 NE 7TH COURT, #205A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, JANNET C	
STREET ADDRESS	410 WEST 24TH STREET, PH #A	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, JUNE	
STREET ADDRESS	#9 GLENWOOD DRIVE	
CITY-ST-ZIP	DARIEN CT 06020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTMAN, JEREMIA ESQ.	
STREET ADDRESS	275 7TH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDEMICAEL, BERHANYKUN	
STREET ADDRESS	320 EAST 25TH STREET	
CITY-ST-ZIP	NEW YORK NY 10010	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** *Joseph Eger*      **JOSEPH EGER**      **X 2-20-02**      **9547829703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #