


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000078470	
1. Entity Name STJ MANAGEMENT INC.	
	
Principal Place of Business C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487	Mailing Address C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1645707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ SUNTRUST INTERNATIONAL CENTER ONE SE 3RD AVENUE SUITE 2400 MIAMI, FL 33131
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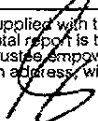
**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000001241911 104/22/04-80034-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDER, SEAN M 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDER, JOSHUA 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 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: _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/16/04 561-995-7878 <small>Date Daytime Phone #</small>