2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000118018

Entity Name
 CONCOURSE REAL ESTATE, INC.



Principal Place of Business

C/O RICHARD C. HITCHINS 325 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401-5619 Mailing Address

C/O RICHARD C. HITCHINS 325 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401-5619

FILED May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0204100 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITCHINS, RICHARD C 325 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401-5619

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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refinstating) DATE					
FILE NOW!!! FEE IS \$150.90 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	05/04/04-80112-008 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HITCHINS, RICHARD C 325 S OLIVE AVE WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HITCHINS, RICHARD C 325 S OLIVE AVE WEST PALM BEACH, FL 33401				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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 pither like empowered.

SIGNATURE: KILLING THE ON PRINTED IN PRINTED IN PRINTED IN BIRECTOR C. HI + Chins 4/20/04

Daytime Phone #