


FILED
Jan 15, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000047901

1. Entity Name
 TROMBONE, INC.



Principal Place of Business
 767 RHODE ISLAND ST
 SAN FRANCISCO, CA 94107

Mailing Address
 767 RHODE ISLAND ST
 SAN FRANCISCO, CA 94107



DO NOT WRITE IN THIS SPACE

01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0458790

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZEMEL AND KAUFMAN, P.A.
 3550 BISCAYNE BLVD
 SUITE 603
 MIAMI, FL 33137

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, FRED
STREET ADDRESS	767 RHODE ISLAND ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94107
TITLE	D
NAME	KLEBANOFF, CAROLYN
STREET ADDRESS	767 RHODE ISLAND ST.
CITY-ST-ZIP	SAN FRANCISCO, CA 94107
TITLE	D
NAME	COHEN, THOMAS
STREET ADDRESS	3149 OLIVER ST. NW
CITY-ST-ZIP	WASHINGTON, DC 20015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

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 01/15/04-80023-004 150.00

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: *Fred Cohen* **1/15/04** **415 285 8532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #