

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M34127**

1. Entity Name  
A CONCEPT IN BRONZE, INC.



Principal Place of Business      Mailing Address  
1300 NE MIAMI GARDENS DR      1300 NE MIAMI GARDENS DR  
#1001E      #1001E  
NORTH MIAMI BEACH, FL 33179      US      NORTH MIAMI BEACH, FL 33179      US



02132005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-2612448      Not Applicable

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

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

GROMAN, ZIVA  
1300 NE MIAMI GARDENS DR  
#1001E  
NORTH MIAMI BEACH, FL 33179

**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 re-filing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution      ☐

**\$5.00 May Be**  
**Added to Fees**

1100000366529  
05/13/05-80007-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE      PD  
NAME      GROMAN, ZIVA  
STREET ADDRESS      1300 NE MIAMI GARDENS DR- #1001E  
CITY-ST-ZIP      NORTH MIAMI BEACH, FL 33179

TITLE      VPD  
NAME      GROMAN, YECHIEL  
STREET ADDRESS      1300 NE MIAMI GARDENS DR- #1001E  
CITY-ST-ZIP      NORTH MIAMI BEACH, FL 33179

TITLE  
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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:**

*Ziva Groman, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #