


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # F57942 1. Entity Name OPUS SOUTH CORPORATION	
--	---

Principal Place of Business 4200 W. CYPRESS STREET SUITE 444 TAMPA, FL 33-3607	Mailing Address 4200 W. CYPRESS STREET SUITE 444 TAMPA, FL 33-3607
---	---



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1454928	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____ (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. **\$5.00** May Be Added to Fees

1100000131893
04/27/04-80025-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS GREENFIELD, BARRY W. 4200 W. CYPRESS ST. #444 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAUENHORST, JOSEPH 1300 SAWGRASS PKWY. #144 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZOROMSKY, HOWARD 4200 W. CYPRESS ST. #444 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV SHAW, JERRY 4200 W CYPRESS ST # 444 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: Barry Greenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

(813) 877-4444