

\$150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F57942
 1. Entity Name
OPUS SOUTH CORPORATION



FILED
 05 MAR -1 PM 2: 21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1454928

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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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, 2005 Fee will be \$550.00**

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

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	

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 03/09/05--01051--005 **350.00

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AB/ly

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* **2/18/05** **813-877-4444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #