

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90137 017 ***150.00

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03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1454928	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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
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DO NOT WRITE IN THIS SPACE

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, 2007 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	DP RAUENHORST, JOSEPH 225 NE MIZNER BLVD. #675 BOCA RATON, FL 33432
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	V SHAW, JERRY 4200 W CYPRESS ST # 444 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEMANS, EDWARD 4200 W. CYPRESS STREET., STE 444 TAMPA, FL 33607
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 exemptions contained in Chapter 119, 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 03/20/07 813 877 4444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #