

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-05-2007 90137 017 \*\*\*150.00

**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**

**40050834**



03192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Barry Greenfield* **Barry Greenfield** 03/20/07 813 877 4444