


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90495 001 \*\*\*150.00

DOCUMENT # F24720			
1. Entity Name CHEROSA, INC.			
Principal Place of Business % CHASE ENTERPRISES ONE COMMERCIAL PLAZA, ATTN: J. KORZENIK HARTFORD, CT 06103		Mailing Address % CHASE ENTERPRISES ONE COMMERCIAL PLAZA, ATTN: J. KORZENIK HARTFORD, CT 06103	
2. Principal Place of Business c/o Chase Enterprises Suite, Apt. #, etc. 280 Trumbull St., 24th Floor		3. Mailing Address c/o Chase Enterprises, 280 Trumbull St. Suite, Apt. #, etc. 24th Floor	
City & State Hartford, CT		City & State Hartford, CT 06103	
Zip 06103	Country USA	Zip 06103	Country USA
4. FEI Number 06-1041568		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 NRAI SERVICES INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD CHASE, CHERYL A. <input type="checkbox"/> Delete ONE COMMERCIAL PLAZA HARTFORD, CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chase, Cheryl A. 280 Trumbull Street, 24th Floor Hartford, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHASE, ARNOLD L. <input type="checkbox"/> Delete ONE COMMERCIAL PLAZA HARTFORD, CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chase, Arnold L. 280 Trumbull Street, 24th Floor Hartford, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Cheryl A. Chase</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/20/04</u> (360) 293-4315 <small>Date Daytime Phone #</small>	