


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 028 \*\*\*150.00

**DOCUMENT # F24720**  
 1. Entity Name  
**CHEROSA, INC.**



Principal Place of Business  
**C/O CHASE ENTERPRISES**  
**280 TRUMBULL ST 24TH FLOOR**  
**HARTFORD, CT 06103**

Mailing Address  
**C/O CHASE ENTERPRISES**  
**280 TRUMBULL ST 24TH FLOOR**  
**HARTFORD, CT 06103**

2. Principal Place of Business  
**c/o Chase Enterprises--**  
**Kathleen B. Tierney**  
 Suite, Apt. #, etc. **Goodwin Square**  
**225 Asylum St., 29th Floor**

3. Mailing Address **AK: K. Tierney**  
**c/o Chase Enterprises**  
 Suite, Apt. #, etc. **Goodwin Square**  
**225 Asylum St., 29th Fl.**

City & State  
**Hartford, CT**

City & State  
**Hartford, CT**

Zip  
**06103-1538**

Country  
**USA**

Zip  
**06103-1538**

Country  
**USA**



03312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**06-1041568**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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 \_\_\_\_\_ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD CHASE, CHERYL A. <input type="checkbox"/> Delete 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cheryl A. Chase 225 Asylum Avenue, 29th Floor Hartford, CT 06103-1538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHASE, ARNOLD L. <input type="checkbox"/> Delete 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Arnold L. Chase 225 Asylum Ave., 29th Floor Hartford, CT 06103-1538
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl A. Chase* **CHERYL A. CHASE** **EV** **P** **4/17/05** **(860)549-1674**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #