2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002415

Entity Name: PRO'S CHOICE BEAUTY CARE, INC.

Current Principal Place of Business:

35 SAWGRASS DRIVE
SUITE 3
BELLPORT, NY 11713

Current Mailing Address:

35 SAWGRASS DRIVE
SUITE 3
BELLPORT, NY 11713 US

FEI Number: 22-3696650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	CEO, DIRECTOR		Title	PRESIDENT
Name	NUSSDORF, RUTH		Name	ROSS, MICHAEL
Address	35 SAWGRASS DRIVE		Address	35 SAWGRASS DRIVE
City-State-Zip:	BELLPORT NY 11713		City-State-Zip:	BELLPORT NY 11713

Title	SECRETARY, TREASURER, VICE PRESIDENT		Title	CFO
			Name	GEWOLB, JOSEPH
Name	CHROMEY, MAY		Address	35 SAWGRASS DRIVE
Address	35 SAWGRASS DRIVE SUITE 3		City-State-Zip:	BELLPORT NY 11713
City-State-Zip:	BELLPORT NY 11713			
			Title	DIRECTOR
Title	DIRECTOR		Name	NUSSDORF, ARLENE
Name	NUSSDORF, STEPHEN		Address	35 SAWGRASS DRIVE
Address	35 SAWGRASS DRIVE		City-State-Zip:	BELLPORT NY 11713
City-State-Zip:	BELLPORT NY 11713			

Title	DIRECTOR
Name	NUSSDORF, GLENN
Address	35 SAWGRASS DRIVE
City-State-Zip:	BELLPORT NY 11713

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAY CHROMEY   SECRETARY   04/16/2015

Electronic Signature of Signing Officer/Director Detail   Date