# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2012**
**Secretary of State**

DOCUMENT# F09000002415

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

**Current Principal Place of Business:**

10 NEW MAPLE AVENUE
UNIT 301A
PINE BROOK, NJ 07058

**New Principal Place of Business:**

**Current Mailing Address:**

35 SAWGRASS DRIVE
BELLPORT, NY 11713

**New Mailing Address:**

**FEI Number: 22-3696650** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CEOD
Name: NUSSDORF, RUTH
Address: 35 SAWGRASS DRIVE
City-St-Zip: BELLPORT, NY 11713

Title: P
Name: ROSS, MICHAEL
Address: 35 SAWGRASS DRIVE
City-St-Zip: BELLPORT, NY 11713

Title: VPST
Name: CHROMEY, MAY
Address: 10 NEW MAPLE AVENUE, UNIT 301A
City-St-Zip: PINE BROOK, NJ 07058

Title: CFO
Name: GEWOLB, JOSEPH
Address: 35 SAWGRASS DRIVE
City-St-Zip: BELLPORT, NY 11713

Title: D
Name: NUSSDORF, STEPHEN
Address: 35 SAWGRASS DRIVE
City-St-Zip: BELLPORT, NY 11713

Title: D
Name: NUSSDORF, ARLENE
Address: 35 SAWGRASS DRIVE
City-St-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 S 04/26/2012

Electronic Signature of Signing Officer or Director Date