

No. <b>C 181682</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713			
		<b>1. Mailing Address: Correct in this box if needed.</b> PRO'S CHOICE BEAUTY CARE, INC. 35 SAWGRASS DRIVE SUITE 3 BELLPORT NY 11713 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL ROSS	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	11713	
SECRETARY	MAY CHROMEY	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	11713	
DIRECTOR	ARLENE NUSSDORF	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	11713	
TREASURER	MAY CHROMEY	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	00011	
DIRECTOR	GLENN NUSSDORF	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	11713	
DIRECTOR	STEPHEN NUSSDORF	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	11713	
DIRECTOR	RUTH NUSSDORF	35 SAWGRASS DRIVE SUITE 3	BELLPORT	NY	USA	11713	
5. Organized Under the Laws of:  <b>NJ C 181682</b>		6. Annual Report must be signed.* Signature: MAY CHROMEY Name (type or print): MAY CHROMEY		Date: 01/16/2015 Title: SECRETARY			
Processed 01/16/2015		* Electronically provided signatures are accepted as original signatures.					