

1.) CORPORATION NAME:

Pro's Choice Beauty Care, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1786559**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 35 SAWGRASS DRIVE
SUITE 3

CITY/ST/ZIP: BELLPORT, NY 11713

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL ROSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

NAME:	MAY CHROMEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T/S		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

NAME:	RUTH NUSSDORF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

NAME:	JOSEPH GEWOLB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

NAME:	STEPHEN NUSSDORF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

NAME:	ARLENE NUSSDORF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

NAME:	GLENN NUSSDORF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 SAWGRASS DRIVE		
CITY/ST/ZIP/CO:	BELLPORT, NY 11713		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MAY CHROMEY	MAY CHROMEY, VP/T/S	4/8/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.