

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 480690

**Entity Name:** R & M LOGISTICS CORP.**Current Principal Place of Business:**16400 N.W. 2ND AVE.  
STE #203  
MIAMI, FL 33169**Current Mailing Address:**16400 N.W. 2ND AVE.  
STE #203  
MIAMI, FL 33169**FEI Number:** 59-1676766**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OSHEROFF, MARC A  
16400 N.W. 2ND AVE.  
#203  
MIAMI, FL 33169 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	ST
Name	MITCHELL, ROBERT S JR
Address	16400 N.W. 2ND AVE., SUITE #203
City-State-Zip:	MIAMI FL 33169

Title	PD
Name	OSHEROFF, MARC A
Address	16400 N.W. 2ND AVE., SUITE #203
City-State-Zip:	MIAMI FL 33169

Title	VP
Name	OSHEROFF, MARCI
Address	16400 NW 2ND AVE. #203
City-State-Zip:	NORTH MIAMI BEACH FL 33169

Title	VP
Name	OSHEROFF, MATTHEW
Address	16400 NW 2ND AVE. #203
City-State-Zip:	NORTH MIAMI BEACH FL 33169

Title	VP
Name	MITCHELL, ROBERT
Address	16400 NW 2ND AVE #203
City-State-Zip:	MIAMI FL 33169

Title	VP
Name	HUFFMAN, JEFFREY
Address	16400 NW 2ND AVE #203
City-State-Zip:	MIAMI FL 33169

*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:** MARCI OSHEROFF

VP

03/19/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date