

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013348

Entity Name: HOTEL FASTLINK, INC.**Current Principal Place of Business:**3363 NE 163RD ST.
SUITE 704
N. MIAMI BCH, FL 33160**Current Mailing Address:**3363 NE 163RD ST.
SUITE 704
N. MIAMI BCH, FL 33160**FEI Number:** 20-8418872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBERI, LUIS EMR
3363 NE 163RD ST.
SUITE 704
N. MIAMI BCH, FL 33160 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	D
Name	BARBERI, LUIS EMR
Address	3363 NE 163RD ST., SUITE 704
City-State-Zip:	N. MIAMI BCH FL 33160
Title	D
Name	BARBERI, LUIS EMR
Address	3363 NE 163 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160
Title	D
Name	LUIS, BARBERI EMR
Address	3363 NE 163 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	D
Name	BARBERI, LUIS EMR
Address	3363 NE 163 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160
Title	D
Name	BARBERI, LUIS EMR
Address	3363 NE 163 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160
Title	D
Name	LUIS, BARBERI EMR
Address	3363 NE 163 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160

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: LUIS BARBERI**PRESIDENT****03/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date