0400080777

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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000086411510

Off Resign

01/29/07--01021--005 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MONEY FAST CORP. (Name of Corporation) DOCUMENT NUMBER: P. 0400080777
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Emma Cabrerg (Name of Person)
(Name of Firm/Company)
9121 NW 177 Terr. (Address)
Miami, Fl 33018 (City/State and Zip Code)
For further information concerning this matter, please call:
Emma Cabrera at (186) 281-2327 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, FLORIOA

i, Emma	Cabrer		_, hereby resign as_	(Title)
		Name of Corpora	tion)	
	80777 Number, if known)	, a corpo	oration organized uno	ler the laws of the State of
Ploris	<u> </u>	*		
	Eu.	ing (alsesa	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314