2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080422

1. Entity Name
ONE STEP INVESTMENT L.L.C.

Principal Place of Business	Mailing Address
5370 PALM AVE #9 HIALEAH, FL 33012	5370 PALM AVE #9 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

04302007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
03-0550323	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, ELIZABETH
14832 S.W. 67TH LANE
MIAMI, FL 33193

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U000000757214
05/23/07-80061-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DELGADO, ELIZABETH
STREET ADDRESS	5370 PALM AVENUE, #10
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _E. Delgado_ ELIZABETH DELGADO   4/30/07   305 819 4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #