

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL
 Florida Public Service Commission
 (See Filing Instructions on Back of Form)

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*P. Isler
 PCA*

TJ659-02-0-R
 PFR Telecom, Inc **DS 460** MAY 07 2003
 153 N.E. 97th Street
 Miami Shores, FL 33138-2332
 cc: P. Isler 030000-PU

FOR PSC USE ONLY
 Check# 1049
 \$ 50.00 0603001
 03001
 \$ _____ P 0603001
 004011
 \$ _____ I
 Postmark Date 5/1/03
 Initials of Preparer MC

PERIOD COVERED:
 08/20/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____ AUS
2.	Access Services	_____	_____ CAF
3.	Private Line Services	_____	_____ CMP
4.	Leased Facilities & Circuits Services	_____	_____ COM
5.	Miscellaneous Services	_____	_____ CTR
6.	TOTAL Telephone Services	\$ <u>-0-</u>	\$ <u>-0-</u> ECR
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____) GCL
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____ OPC
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____ MMS
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____ SEC <u>1</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____ OTH
12.	TOTAL AMOUNT DUE	_____	\$ <u>-0-</u>

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller Other: NOT OPERATIONAL

BILLING INFORMATION

Complete below if billing agent if other than yourself.
 _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
 What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official)
PIERRE CHARLES,
 (Preparer of Form - Please Print Name)
 916 AM 5-11-03 SECRETARY (Title)
 4-30-07 (Date)
 Telephone Number (205) 751-1940 Fax Number (205) 256-2642
 F.E.I. No. 04-3620380