

VPA 1/14/05 473-6775

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL 041460-TC
 Florida Public Service Commission
 (See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
 01/01/2004 TO 12/31/2004

TF696-04-0-R
 A.M.A., Inc.
 1330 S.W. 57th Avenue
 Miami, FL 33144-5718
 DEPOSIT DATE
 5 15 DEC 30 2004

FOR PSC USE ONLY
 Check# 13841
 \$ 50.00 06-03-001
 003001
 \$ _____ P 06-03-001
 004011
 Postmark Date 12-23-04
 Initials of Preparer RT

Records

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	CMP	AMOUNT
1.	Gross Operating Revenue (Florida)	_____	\$ _____
2.	Gross Intrastate Revenue	_____	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	_____	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
8.	TOTAL AMOUNT DUE	_____	\$ _____

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____

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

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 official duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) President (Title) 12/23/04 (Date)

 (Preparer of Form - Please Print Name) Telephone Number (904) 271-4411 Fax Number ()
 F.E.I. No. 89-271478

DOCUMENT NUMBER-DATE
 13615 DEC 29 04

To Whom it May
Concern please CANCEL
my Certificate our company
does not have pay phones any more
Thank you

A.M.A INC
1330 SW 57 Ave
Miami FL 33144

Arranged. A. APPD
(305) 266-4511

Certificate
TF696-040-R.

04 DEC 28 AM 9:18
DISTRIBUTION CENTER