

ORIGINAL

040937-TI  
#500- line  
TOTAL 771.13

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
02/19/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ716-03-0-R  
Orbitel  
2500 NW 107th Avenue, #208  
Miami, FL 33172-5923  
DEPOSIT DATE  
5 19 JAN 11 2005  
Docket No. 040937-TI (Isler)

FOR PSC USE ONLY

Check# 3356

\$ 197.90 06-03-001  
003001

\$ 49.48 P 06-03-001  
004011

\$ 23.75 1

Postmark Date 1-10-05

Initials of Preparer IB

Please Complete Below If Official Mailing Address Has Changed

CINCO TELECOM CORP 2500NW 107 Ave. #208 Miami Florida 33172

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 6,673,934.14	\$ 131,930.00
2.	Access Services	0.00	0.00
3.	Private Line Services	358,652.19	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	1,273,056.94	0.00
6.	TOTAL Telephone Services	\$ 8,305,643.27	131,930.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	5,732,737.67	0.00
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		131,930.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		197.90
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	49.48	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	23.75	
12.	TOTAL AMOUNT DUE		\$ 271.13

\* These amounts must be integrated 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
- Alternate-Operator Service
- Reseller
- Retailer
- Call Aggregator
- Other:

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 \_\_\_\_\_

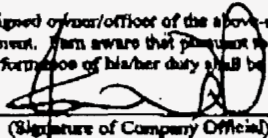
What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO  
If YES, who do you lease these facilities from? Name: See Annex A.

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 337.06, 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)

Juan guillermo Velez  
(Preparer of Form - Please Print Name)

CEO 1/7/05  
(Title) (Date)

Telephone Number 305 5911447 Fax Number 305 5915668

F.B.I. No. 01-0634608

FD-302 (Rev. 11/1/99)

DOCUMENT NUMBER-DATE

00365 JAN 11 05

FPSC-COMMISSION CLERK

CMP \_\_\_\_\_

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SEC 1

OTH \_\_\_\_\_