

(050000)

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
03/08/2004 TO 12/31/2004

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

TX753-04-0-R
 Alpha Telecom, LLC
 1221 West Flagler Street
 Miami, FL 33130-2419 558 1110

FOR PSC USE ONLY

Check# 1054

\$ 50.00 06-03-001
003001

\$ 7.50 P 06-03-001
004011

\$ 1.50

Postmark Date 4-19-05

Initials of Preparer RT

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		CMP
1.	Basic Local Services	\$ _____	\$ _____	_____
2.	Long Distance Services (IntraLATA only)**	_____	_____	COM _____
3.	Access Services	_____	_____	CTR _____
4.	Private Line Services	_____	_____	ECR _____
5.	Leased Facilities & Circuits Services	_____	_____	GCL _____
6.	Miscellaneous Services	_____	_____	OPC _____
7.	TOTAL REVENUES	_____	_____	_____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____	BCA _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____	SCR _____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	SEC _____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	OTH _____
13.	TOTAL AMOUNT DUE	_____	_____	_____

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return

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

() Facilities-Based Provider

CURRENT COMPANY STATUS
 () Reseller
 (X) Other: OPERATIONS NOT STARTED YET

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) 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.

Roberto Franco
 (Signature of Company Official)
 ROBERTO FRANCO
 (Preparer of Form - Please Print Name)

OPERATIONS MANAGER
 (Title)

Telephone Number 305 772 5842 Fax Number 305 548 3200

F.E.I. No. _____

DOCUMENT NUMBER - DATE
 04291 MAY-28
 PSC COMMISSION CLERK