

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

Partial Records

(See Filing Instructions on Back of Form)

TJ610-05-0-R
 Xynergia, Inc.
 815 N.W. 57th Avenue, Suite 300
 Miami, FL 33126-2042

Docket No. 060470-TI-0311-2005

060470

674 AUG 17 2006

FOR PSC USE ONLY

Check # 2086 FILED-PPSC

\$ 2.00 06-03-001
 06 AUG 16 PM 04:09

COMMISSIONER
 CLERK

Postmark Date 08/10/2006
 Initials of Preparer YAB

Please Complete Below If Official Mailing Address Has Changed

Xynergia Inc 815 NW 57 Ave # 300 miami fl 33126

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
CMP 1.	Long Distance Services	\$ 14,047,367.00	\$ 0
COM 2.	Access Services	=	=
3.	Private Line Services	=	=
CTR 4.	Leased Facilities & Circuits Services	\$ 13,400.00	=
5.	Miscellaneous Services	=	=
ECR 6.	TOTAL Telephone Services	\$ 14,060,767.00	\$ 0
GCL 7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(11,000,182.45)	()
OPC 8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		50.00
RCA 10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		17.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
SCR 12.	Extension Payment Fee (see "4. Extension" on back)		
SGA 13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 67.50 ⁽²⁾

SEC 1 (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

DTH Non-use

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____

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.

Juan Vallegas Vice President 8/8/06

(Signature of Company Official) (Title) (Date)

Juan Vallegas Telephone Number 786 433-2600 305 675 2817

(Preparer of Form - Please Print Name)

F.E.I. No. 07368 AUG 16 06