

Telmex USA, L.L.C. 3350 SW 148th Avenue, Suite 132 Miramar, FL 33027

CITIBANK, F.S.B. BR. #510 REDACTED
CORAL GABLES, FL 33146
63-476-670 27-00 26

crida Public Service Commission

****\$*******567.50

ty-Seven Dollans And 50 Cents*****

Florida Public Service Commission 2540 Shumand Oak Blvd.-FLOR DA PUBLIC Tallahassee-FL-32399

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ORIGINAL

COMMISSION

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OPC RC/

DOCUMENT NUMBER-DATE

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

Interexchange Company Regulatory Assessment Fee Return

		Florida Public Service Commission			FOR PSC USE ONLY		
STATUS:		(See Filing Instructions on Back of Form)		Check # 001886			
Actual Return		TJ894-06-0-R			s 50.00	s 50.00 06-03-001	
	mated Return	Embratel Americas,		*	003001		
Ame	ended Return	3350 S.W. 148th Av		32	\ \s	_ E	
		Miramar, FL 33027-	-3258		s	_ P 06-03-001	
PERIOD COVERED: 01/01/2006 TO 08/15/2006		Docket 060466-TI			SI		
		1	8 9 NOV 0	Postmark Date 10-31-06			
			-, -	L.C.	Initials of Preparer		
		Please Complete Below If	Official Mailing A	ddress Has Changed			
	(Name of Company)		(Address)		(City/State)	(Zip)	
LINE				FLORIDA			
<u>NO.</u> 1.	ACCOUNT CLASSIFICATION			OPERATINO		STATE REVENUE	
1. 2.	Long Distance Services Access Services			2	\$		
3.	Private Line Services			****			
4.	Leased Facilities & Circu	its Services					
5.	Miscellaneous Services						
6.	TOTAL Telephone Services			\$	\$	<u>.e.</u>	
7. e	LESS: Amounts Paid to Telecommunications Companies(1)			(,		
	8. TOTAL REVENUES For Regulatory Assessment Fee Calculation						
9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) 10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)							
11.							
12.		ce "4. Extension" on back)					
13.	TOTAL AMOUNT DUE	(\$50 MINIMUM)			s	50 - 0	
	(1) These amounts must b	ne <u>intrastate only</u> and must be verif	fiable (see "2. Fees"	on back).			
	(2) Regardless of the gros Section 364.336, Flori	ss operating revenue of a companida Statutes.	y, a minimum annu	al regulatory assessment	fee of \$50 shall be impose	d as provided in	
·		CURRI	ENT COMPANY S	STATUS			
) Facilities-Based Carrier) Alternate-Operator Service		(X) Reseller Rebiller		() Call Aggregator			
,			LING INFORMAT		*		
Complete be	elow if billing agent is other		LENG INFORMA	HON	()		
77	(Name)		(Address: City		(Telephone)		
Amount:	total amount of customer dep for 20	•			total amount of bond held (\$Expire)		
********		СОМ	PANY INFORMA	TION			
	e telecommunications' facilities do you lease these facilities						
Address:							
	Representa	1.112					
I, the u	indersigned owner-officer-of	f the above-named company, have	ve read the foregoi	ing and declare that to	the best of my knowledge	and belief the above	
he intent to	mislead a public servant in t	ent. I am aware that pursuant to S the performance of his/her duty sh	all be guilty of a mi	nga Statutes, whoever k isdemeanor of the second	nowingly makes a false stat i degree.	ement in writing with	
6K		/	<i>a</i> .	LTANT	→ ···	10/25/06	
	(Signature of Company	REPRESENTA	ATIVE.	(Title)		10/25/06 (Date)	
BA	BET FERGIO	1 -		12A5-009-3	283 Fax Number (8	` '	
(Pr	eparer of Form - Please	Print Name)		_	•	<u> </u>	
		F.1	E.I. No. 65	098888	<u> </u>		

Interexchange Company Regulatory Assessment Fee Return

OT A TILTO.		Florida Public Service Commission		FOR PSC USE ONLY					
STATUS: Actual Return Estimated Return		(See Filing Instructions on Back of Form) TJ894-05-0-R		Check # 001885					
					\$ <u>50.00</u> 06-03-001				
		Embratel Americas, I			003001				
Am	nended Return	,	3350 S.W. 148th Avenue, Suite 132			s 12.50 p			
DEDIO	n COVEDED.	Miramar, FL 33027-3	3258	Į.		06-03-001 004011			
PERIOD COVERED: 01/01/2005 TO 12/31/2005					s 5.00) ₁			
		Docket 060466-TI							
			a a 0		Postmark Date	y-31-06			
		00	9 NOV 0 S	<u> </u>	Initials of Preparer	2+			
		Please Complete Below If C	Mincial Mailing Ad	ldress Has Changed					
	(Name of Company)		(Address)		(City/State)	(Zip)			
						(
LINE NO.	120 Maria Green								
1.	Long Distance Services			\$	S INTRAST	ATE REVENUE			
2.	Access Services				<u> </u>				
3.									
4. 5.	Leased Facilities & Circ Miscellaneous Services	uits Services							
						8			
6.	TOTAL Telephone Ser			2	\$	<u>v</u>			
7.	LESS: Amounts Paid to	Telecommunications Companies(1)		() ()			
8. TOTAL REVENUES For Regulatory Assessment Fee Calculation \$									
9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)									
10. 11.	10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)								
12.		(see "4. Extension" on back)	5" on back)			<i>a</i>			
13.	TOTAL AMOUNT DU					7900			
		•			3 <u> </u>				
	(1) These amounts must	be intrastate only and must be verifi	able (see "2. Fees"	on back).					
	Section 364.336, Flo	ross operating revenue of a company orida Statutes.	, a minimum annu	ai regulatory assessment i	ee of \$50 shall be imposed	as provided in			
				·					
() Bacilii	ties-Based Carrier	CURRE (X) Reseller	NT COMPANY S			,-			
, ,	nate-Operator Service	() Rebiller		() Call Aggregator () Other:					
•									
Complete l	below if billing agent is other		ING INFORMAT	TON					
Complete		t that yoursen.	·		()				
What is the	(Name) e total amount of customer d	lamosita collectad?	(Address: City		(Telephone)				
	\$for			Amount: \$	otal amount of bond held (if Expires	:			
		- CO17							
Do you less	se telecommunications' faci		PANY INFORMA	TION					
	o do you lease these faciliti								
Address:									
	* Rencesental	11/ <i>-</i>							
I, the	undersigned owner/officer	of the above-named company, hav	e read the foregoi	ng and declare that to th	e best of my knowledge a	nd belief the above			
the intent to	n mislead a miblic servant ir	nent. I am aware that pursuant to S the performance of his/her duty sha	Il he milhr of a mi	rida Statutes, whoever knows	owingly makes a false state: legree	ment in writing with			
Ba	du Forms	san	Prince	XTANT		10/25/11			
	(Signature of Compan	y Office) REPRESENTA,	<u> </u>	(Title)		10/25/06 (Date)			
Rox	BBI FERGUSC	_ 1		,	783 ax Number (86				
	reparer of Form - Pleas		phone Number		-	0 8 13 5 13 1			
(2.		,	E.I. No	6509888	86				
DOCICE AD	160 m 01 mm		-						