

**ORIGINAL**

**Interexchange Company Regulatory Assessment Fee Return**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2006 TO 12/31/2006

TJ984-06-0-R  
CaribbeanLink, Inc. **070021-TT**  
9965 Miramar Parkway, #243  
Miramar, FL 33025-2398  
**DEPOSIT DATE**  
**699 JAN 04 2007**

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 2307  
\$ 50.00 06-03-001 003001  
\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001 004011  
\$ \_\_\_\_\_ I  
Postmark Date 12-30-06  
Initials of Preparer RT

Records  
Paula

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

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

\*minimum due

SEC (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
Kimp  
OTH (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.  
Nenrye

CURRENT COMPANY STATUS

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

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 (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.

x LE President 12/29/2006  
(Signature of Company Official) (Title) (Date)  
Leon McCalla  
(Preparer of Form - Please Print Name)  
Telephone Number (954) 545-8560 Fax Number (954) 431-3856  
F.E.I. No. 65-105-8144 00060 JAN-35



**CaribbeanLink, Inc.**  
9965 Miramar Parkway,  
Suite 243  
Miramar, FL 33025  
Tel. (+1) 954-545-8560 Fax: (+1) 954-431-3856

December 29, 2006

To Whom It May Concern:

This letter is to cancel the current certificate CaribbeanLink, Inc. has with the Florida Public Service Commission. Effective as of 12/31/2006 CaribbeanLink, Inc. has no intentions in keeping this certificate. Please file this petition accordingly.

Company Information:

TJ984-06-0-R  
CaribbeanLink, Inc.  
9965 Miramar Parkway, #243  
Miramar, FL 33025-2398

Thank you,

A handwritten signature in black ink, appearing to read 'LMC'.

Leon McCalla  
President  
CaribbeanLink, Inc.