

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*Records/PAMA*

(See Filing Instructions on Back of Form)

**TG382-06-0-R**  
**Kiss & Kis's, Inc.**  
 13995 N.W. 7th Avenue  
 North Miami, FL 33168-2907

**ORIGINAL**  
*\$50*  
*02# 1788*  
*Per D.B. - PM*

**701 JAN 12 2007**

FOR PSC USE ONLY

Check # 1788  
 \$ 00 06-03-001 003001  
 \$ PH 3:05 E  
 \$ 05 P 06-03-001 004011  
 \$ 05 I

Postmark Date 1-4-07  
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

KISS & KISS, INC 13995 NW 7th Ave N. Miami, FL 33168  
 (Name of Company) (Address) (City/State) (Zip)

*060000*

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	0
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	Extension Payment Fee (see "4. Extension" on back)	0
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	0 <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return <i>none</i>	0

*we are removing \$50 - for no phone line*

*No phone line will not be replaced. Remove from billing.*

*Please remove from billing*

(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.

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 official duty shall be guilty of a misdemeanor of the second degree.

*[Signature]* *Pres.* *12-19-06*  
 (Signature of Company Official) (Title) (Date)

(Preparer of Form - Please Print Name) Telephone Number ( ) 00324 Fax Number 00324 JAN 11 2007

F.E.I. No. 00324 JAN 11 2007