

070101-7 RECEIVED
 07 FEB -5 AM 9:10
 PSC-COMMISSION CLERK
 06-03-001
 003001

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

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

*Records 1
Paula*

TK026-06-0-R
 VoiceSat, LLC
 9801 N.W. 51st Lane
 Miami, FL 33178-3409

DEPOSIT DATE
 716 FEB 05 2007

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 46-5

\$ 50.00

\$ _____

\$ _____ P 06-03-001 003001

\$ _____ I 06-03-001 004011

Postmark Date 1-30-07

Initials of Preparer PI

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
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.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>50</u> ⁽²⁾

(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.

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: \$ 0 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.

Jose Garcia President 01/28/2007
 (Signature of Company Official) (Title) (Date)

Telephone Number (786) 287-7831 Fax Number _____
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER-DATE
01176 FEB-56

PSC-COMMISSION CLERK



9801 NW 51 Lane Miami, FL 33178

To Whom It May Concern:

Through this letter I would like to request that my license IXC code TK026-06-0-R be cancelled. I am strictly a VOIP provider and I have been told by Paula Isler that I no longer need this license.

If you have any questions, please contact me at (786) 287-7831

Sincerely,

A handwritten signature in black ink that reads "Jose Barrios". The signature is written in a cursive style with a long horizontal stroke at the end.

Jose Barrios
President
Voicesat LLC
9801 NW 51 Lane
Miami, FL 33178
jbarrios@voicesat.com