

080092

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ 962
 Gestatio, Inc.
 1200 Brickell Avenue, Suite 900
 Miami, FL 33131
 Docket No. 041241

FOR PSC USE ONLY
 Check # No Check!
 \$ _____ 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

PERIOD COVERED:
 01/01/2007 - 03/31/2007
 Company ceased operations

Records & Paula
 (Name of Company)

(Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 3,874	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 3,874	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		0
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
12.	Extension Payment Fee (see "4. Extension" on back)		0
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ 0 ⁽²⁾

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 08 FEB - 11 AM 08 08
 COMMISSION CLERK

(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 \$700 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

CMP _____
 Complete below if billing agent is other than yourself.
COM _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
CTR What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____
ECR _____

COMPANY INFORMATION

GCL Do you lease telecommunications' facilities? () YES (X) NO
 If YES, who do you lease these facilities from? Name: _____
OPC Address: _____
RCA 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.
SCR _____
SGA _____ Pres _____ 01/30/2008 (Date)
 (Signature of Company Official) (Title)
SEC _____ Telephone Number (305) 715-9970 Fax Number (786) 549-4622
OTH _____ (Preparer of Form - Please Print Name)
 F.E.I. No. 52-220-6232

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Com Dan V Ceased operations 03/31/2007