

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 12/31/2007

TF450-07-0-R
 Sky Shell, Inc.
 2701 West Sunrise Blvd.
 Ft. Lauderdale, FL 33311-5733

DEPOSIT DATE
 080144 828 MAR 11 2008

Please Complete Below if Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 6927
 \$ 100.00 06-03-001 003001
 \$ _____ F
 \$ 10.00 P 06-03-001 004011
 \$ 2.00

Postmark Date 08 MAR 11 2008
 Initials of Preparer _____

RECEIVED - FPSC
 COMMISSION CLERK
 08 MAR 11 2008 PM 2:55

Power

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>- 0 -</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>- 0 -</u>
CMP <u>5.</u>	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
COM <u>6.</u>	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
CTR <u>7.</u>	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
ECR <u>8.</u>	Extension Payment Fee (see "4. Extension" on back)	_____
GCL <u>9.</u>	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u> ⁽²⁾
OPC <u>10.</u>	Number of pay telephones in operation at close of period covered by this Return	<u>- 0 -</u>
RCA		
SCR		
SGA		

(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 \$100 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 of Company Official) (Title) (Date) 03.24.08

DUT MTZ
 (Preparer of Form - Please Print Name)

Telephone Number (954) 791-7860 Fax Number (954) 791-7860
 F.E.I. No. 650380737

01791 MAR 10 88
 FPSC-COMMISSION CLERK

FROM

(TUE) MAR 4 2008 17:39/ST. 17:38/NO. 6561027876 P 1

3/5/2008

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Fl. 32399-0850

080144

To Whom It May Concern:

This letter is a notice to cancel to pay telephone service provider assessment fee return for Sky Shell Inc.

I have not had a pay phone at Sky Shell for 2007 and no longer have a pay phone at our location at 2701 West Sunrise Blvd. Ft. Lauderdale, Fl 33311-5733.

I am submitting \$^{3/2}~~100.00~~ for the minimum due for 2007. If you have any questions, or concern you can call me at (954) 791-7860.

Yours truly,

Avi Atias
Owner

DOCUMENT NUMBER-DATE

01791 MAR 10 8

FPSC-COMMISSION CLERK