

041032-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

Paula Records
STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2004 TO 12/31/2004

Florida Public Service Commission
(See Filing Instructions on Back of Form)

ORIGINAL

TG752-04-0-R
All American Warrior Vending
2421 NE 2nd Avenue
Pompano Beach, FL 33064-3838
Docket No. 041032-TC

DEPOSIT DATE
5 17 JAN - 5 2005

TOTAL \$ 121.50

FOR PSC USE ONLY	
Check# 12.95	
\$ 50.00	06-03-001 003001
\$ _____ P	
\$ _____ I	06-03-001 004011
Postmark Date 1-30-04	
Initials of Preparer RT	

Please Complete Below if Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	50.00
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.	TOTAL AMOUNT DUE	\$ 50.00
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$80		
THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED		
9.	Number of pay telephones in operation at close of period covered by this Return	0

CMP * These amounts must be intrastate only and must be verifiable.

COM _____

CTR 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.

ECR *Ronald W. Krueger* (Signature of Company Official) Owner (Title) 12/31/04 (Date)

GCL Ronald W. Krueger Telephone Number (954) 788-7632 Fax Number ()

OPC _____ (Preparer of Form - Please Print Name)

MMS _____ F.E.I. No. _____

RCA _____

SCR PSC/CMP-26 (Rev. 11/1/99)

SEC 1

OTH _____

DOCUMENT NUMBER-DATE
00107 JAN -4 05
FPSC-COMMISSION CLERK