

ORIGINAL

RECEIVED-FPSC

05 JAN 24 PM 4:01

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

040925  
 TELECUBA, INC.  
 P. O. Box 10469  
 Miami FL 33101-0469

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1758 6061

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

047J82004132

Public Service Commission

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

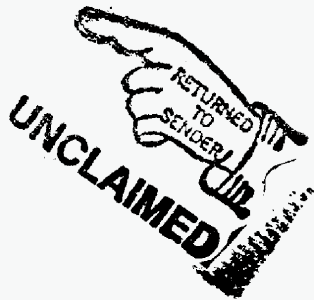
7002 0860 0001 1758 6061



\$04.420

12/27/2004

Mailed From 32399  
 US POSTAGE



TELECUBA, INC.  
 P. O. Box 10469  
 Miami FL 33101-0469

NOT  
 DEC 30 2004  
 1-6  
 1-15-05

PSC-04-1277-00-T1

CMP  
 COM  
 CTR  
 ECR  
 GCL  
 OPC  
 MMS  
 RCA  
 SCR  
 SEC  
 OTH

DOCUMENT NUMBER - DATE

00855 JAN 24 08

FPSC-COMMISSION CLERK