

Records
Paula

ORIGINAL

040913-TI

RECEIVED-FPSC

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Interexchange Company Regulatory Assessment Fee Return

JAN 26 AM 10:42

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

TJ375-03-0-R
MultiPhone Latin America, Inc.
2201 NW 102nd Place, Unit 3
Miami, FL 33172-2521
Docket No. 040913-TI

DEPOSIT DATE
509 NOV 29 2004

COMMISSION
FOR PSC USE ONLY

Check# 241831

\$ 50.00 0603001
003001

\$ 12.50 P 0603001
004011

\$ 5.00 I

Postmark Date 11-24-04
Initials of Preparer RE

PERIOD COVERED:

01/01/2003 TO 12/31/2003

509 DEC 01 2004

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	CMP
1.	Long Distance Services	\$ 0	\$ 0	COM
2.	Access Services	0	0	CTR
3.	Private Line Services	0	0	ECR
4.	Leased Facilities & Circuits Services	0	0	GCL
5.	Miscellaneous Services	0	0	OPC
6.	TOTAL Telephone Services	\$ 0	\$ 0	MMS
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)	(0)	RCA
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation			SCR
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	12.50	50.00	SEC <u>1</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)			OTH
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	5.00		
12.	TOTAL AMOUNT DUE		\$ 67.50	

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- () Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Reseller (x) Other: Wholesaler

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

- Do you lease telecommunications' facilities? () YES (x) 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.

(Signature of Company Official)

Humberto Itriago

(Preparer of Form - Please Print Name)

President
(Title)

11/24/04
(Date)

Telephone Number 305 357-2139

Fax Number 305 436-8990

F.E.I. No. 65-0972301

DOCUMENT NUMBER-DATE

00926 JAN 26 03

FPSC-COMMISSION CLERK