

RECEIVED FPSC

05 FEB -2 PM 2:51

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

C. Signature X Agent Addressee

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

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 1755 7276

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



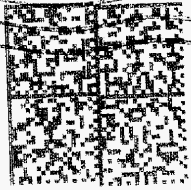
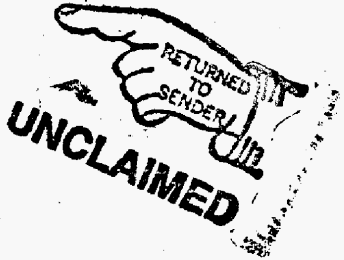
7002 0860 0001 1755 7276

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

Naly 1-6-05

JAN 13 2005

1-21



047082004132
\$04.420
01/04/2005
Mailed From 32389
US POSTAGE

PSC-04-1277A-CO-TT

32399/0850
33101



CMP
COM
CTR
ECR
GCI
OPC
MMS
RCA
SCR
SEC
OTH

DOCUMENT NUMBER-DATE

01235 FEB-28

FPSC-COMMISSION CLERK

ORIGINAL