

(050000)

See TX 753

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Interexchange Company Regulatory Assessment Fee Return

7871 181.50

ORIGINAL FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ861-04-0-R
 Alpha Telecom, LLC
 1221 West Flagler Street
 Miami, FL 33130-2419
 Docket No. 040983-TI : 550

CP# 1054
 \$ 50.00 0603001
 003061
 \$ 7.50 P 0603001
 004011
 \$ 1.00 I
 Postmark Date 4/9/05
 Initials of Preparer RT

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

Records Paula

Please Complete Below If Official Mailing Address Has Changed

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

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

* 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 Rebiller Other: OPERATIONS NEVER TED

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: \$ N/A for 19____
 What is the total amount of bond held (if applicable)? Amount: \$ N/A Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES 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.

Roberto Franco
 (Signature of Company Official)
Roberto Franco
 (Preparer of Form - Please Print Name)

OPERATIONS MANAGER 3/31/05
 (Title) (Date)
 Telephone Number (305) 772-5842 Fax Number (305) 548-3200

DOCUMENT NUMBER-DATE
04293 MAY-2 8
 FPSC-COMMISSION CLERK