

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:
PSC-05-1258 050745
 MWMS Corporation
 801 Brickell Key Blvd., #2110
 Miami FL 33131-3719
PAA

2. Article Number
 (Transfer from service label) **7004 1160 0004 5751 0490**

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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?
 If YES, enter delivery address below: Yes No

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

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED-FPSC

06 FEB -8

State of Florida
Public Service Commission

alvarez
 199-0850

Handwritten:
 NOT
 1-4-06
 1-13
 1-19-06

MWMS Corporation
 801 Brickell Key Blvd., #2110
 Miami FL 33131-3719

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____



Mailed From 32339
 US POSTAGE

DOCUMENT NUMBER-DATE

01101 FEB-8 8

FPSC-COMMISSION CLERK