

Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL
Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
05/03/2005 TO 12/31/2005

Paula/Records
socket # 060462-TX

(See Filing Instructions on Back of Form)

TX843-05-0-R
 Choice One Telecom
 1510 N.E. 162nd Street
 Miami, FL 33162-4716

676 AUG 24 2006

FOR PSC USE ONLY

Check # 100250
 \$ 1330.23 06-03-001
 AUG 25 AM 10:37 003001
 \$ _____ P
 COMMISSION 06-03-001
 CLERK I 004011
 Postmark Date 8-21-06
 Initials of Preparer RT

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
1.	Basic Local Services	\$ _____	\$ 2,296,167.13
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ 2,296,167.13
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		1,631,051.06
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 665,116.07
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		1,330.23
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 1,330.23 ⁽³⁾

SEC 1 (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 OTH (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider Reseller
 Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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 official duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) (Title) (Date)

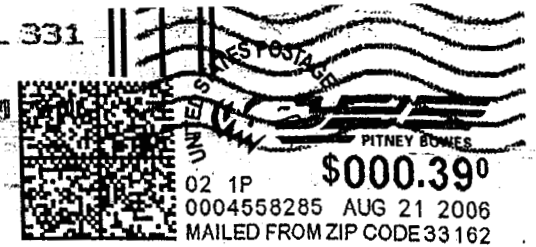
 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____ 07829 AUG 25 8

1510 NE 162nd Street.
N. Miami Beach, FL 33162

MIAMI FL 331

21 AUG 2006 PM



ATTN: FISCAL
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0876

