Paula
Records

Pay Telephone Service Provider Regulatory Assessment Fee Return
~~ORIGINAL~~
Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

☑ Actual Return
___ Estimated Return
___ Amended Return

PERIOD COVERED:
01/01/2006 TO 12/31/2006

AFTEL Florida, Inc.
no longer in business
Was sold Feb. 27,
2006 - In process
of closing USA

TF470-06-0-R
AFTEL Florida, Inc.
2570 North Powerline Road, Suite 502
Pompano Beach, FL 33069-1004

☐ Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # *11044*	
$ *50.00*	06-03-001 003001
$_____ E	
$_____ P	06-03-001 004011
$_____ I	
Postmark Date *12-26-06*	
Initials of Preparer *PT*	

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	$ 0
CMP 2.	Gross Intrastate Revenue	0
COM 3.	LESS: Amounts Paid to Other Telecommunications Companies [1] (see "2. Fees" on back)	(0)
CTR		
ECR 4.	**TOTAL REVENUES for Regulatory Assessment Fee Calculation** *(Line 2 less Line 3)*	$ 0
GCL		
OPC 5.	Regulatory Assessment Fee Due - *(Multiply Line 4 by 0.0020)*	0
RCA 6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
SCR 7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
SGA		
SEC 8.	Extension Payment Fee (see "4. Extension" on back)	0
OTH 9.	**TOTAL AMOUNT DUE (MINIMUM $50.00)**	$ 50.00 [2]
10.	Number of pay telephones in operation at close of period covered by this Return	0

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(2) 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.

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.

Vickie L. Armbruster	*Sec/Treas.*	*12-22-06*
(Signature of Company Official)	(Title)	(Date)

Vickie L. Armbruster
(Preparer of Form - Please Print Name)

Telephone Number *(954) 971-0266* Fax Number *(954) 971-0299*

F.E.I. No. *75-2491118*   11838 DEC 28 '06

PSC/CMP 026 (Rev. 01/05)

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