

060751

ORIGINAL RECEIVED FPSC

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

Interexchange Company Regulatory Assessment Fee Return

07 JAN 29 PM 4:24

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

TJ990-06-0-R
 Telecom Colombia USA, Inc.
 7925 N.W. 12th Street, Suite 106
 Miami, FL 33126-1820
 Request for cancellation (Isler)
 708 JAN 30 2007

FOR PSC USE ONLY
 Check # 1331
 \$ 50.00
 P 06-03-001 003001
 P 06-03-001 004011
 Postmark Date 1-23-07
 Initials of Preparer RT

Please Complete Below if Official Mailing Address Has Changed

Partial Record

CMP	(Name of Company)	(Address)	(City/State)	(Zip)
COM	LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
CTR	1.	Long Distance Services	\$ 7,767,109	\$ 8,380
ECR	2.	Access Services		
ECR	3.	Private Line Services		
GCL	4.	Leased Facilities & Circuits Services		
OPC	5.	Miscellaneous Services		
RCA	6.	TOTAL Telephone Services	\$ 7,767,109	\$ 8,380
SCR	7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
SGA	8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 8,380
SEC	9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		16.76
OTH	10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
	11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
	12.	Extension Payment Fee (see "4. Extension" on back)		
	13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 50.00 ⁽²⁾

(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.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other:

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected? Amount: \$ for 20
 What is the total amount of bond held (if applicable)? Amount: \$ Expires:

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) 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.

Richard E. English CPA (Preparer of Form - Please Print Name)
 Telephone Number 352-54-1201 Fax Number 352-54-1203
 F.E.I. No. 65-1114705
 Signature of Company Official: Frank... Title: Tech Manager Date: 26/TAN/07