

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2007 TO 12/31/2007

TJ610-07-0-R
 Xynergia, Inc.
 4995 N.W. 72nd Avenue, Suite 403
 Miami, FL 33166-5643

080000

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # No Check

\$ _____ 06-03-001
 \$ _____ 003001
 \$ _____ E
 \$ _____ P 06-03-001
 \$ _____ 004011

Postmark Date _____
 Initials of Preparer _____

Paula + Records

Xynergia, Inc. (Name of Company) 4995 NW 72 Ave #307 Miami FL (Address) 33166 (City/State) 33166 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	
		INTRASTATE REVENUE	INTERSTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	\$ _____	\$ _____
3.	Private Line Services	\$ _____	\$ _____
4.	Leased Facilities & Circuits Services	\$ _____	\$ _____
5.	Miscellaneous Services	\$ _____	\$ _____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	\$ _____	\$ _____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____	\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	\$ _____	\$ _____
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 (\$700.00 MINIMUM)	\$ _____	\$ _____

(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 \$700 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: \$ 0 for 2007

What is the total amount of bond held (if applicable)? Amount: \$ _____ 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.

[Signature] (Signature of Company Official) CEO - President (Title) 1/9/08 (Date)

MARIO FARIAS (Preparer of Form - Please Print Name) Telephone Number (786) 553-9607 Fax Number (305) 675-2817

F.E.I. No. 65 118712

RECEIVED - FPSC
 08 JAN 16 AM 8:40
 COMMISSION CLERK

DOCUMENT NUMBER - DATE
 00383 JAN 16 08

FPSC-COMMISSION CLERK