

**Raquel Tully**

TOTAL \$ 1268 00

CHK # 3054

\$ 200 00 T Fund

300 00 Fine

1-18-08

RT

**From:** Paula Isler  
**Sent:** Tuesday, January 22, 2008 1:34 PM  
**To:** Raquel Tully  
**Cc:** Toni McCoy  
**Subject:** RE: Payment received

803 JAN 23 2008

Yes as far as the 2006 and 2007 RAFs are concerned. The \$500 fine should be divided - \$200 deposited into the Public Service Trust Fund for collection costs and \$300 in the General Revenue Fund. Also, please provide the Clerk's Office with proof of payment for documenting in Docket No. 070465-TI. Thanks.

**From:** Raquel Tully  
**Sent:** Tuesday, January 22, 2008 1:03 PM  
**To:** Paula Isler  
**Subject:**

I received a check from E-Rosh Corp in the amount of \$1268.00, they said per your discussion this how they should pay

- 2006 68.00
- 2007 700.00
- 2007 fine \$500.00

Is this how you want it?

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH NG.

DOCUMENT NUMBER-DATE

00543 JAN 22 08

FPSC-COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

TOTAL \$ 1268.00

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2007 TO 09/14/2007

TJ651-06-0-R  
E-Rosh Corp.  
18205 Biscayne Blvd., Suite 2202  
Aventura, FL 33160  
Docket No. 070465-TI  
DEPOSIT DATE  
803 JAN 23 2008

FOR PSC USE ONLY  
Check # 3054  
\$ 700.00 06-03-001  
003001  
\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 1-18-08  
Initials of Preparer RT

*Records +  
pam*

Please Complete Below If Official Mailing Address Has Changed

E-Rosh Corp. 18205 Biscayne Blvd, #2202 Aventura, FL 33160  
(Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION   | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE       |
|----------|--|---------------------------------|--------------------------|
| 1.       | Long Distance Services   | \$ 38,047.23                    | \$ 659.42                |
| 2.       | Access Services  |                                 |                          |
| 3.       | Private Line Services  |                                 |                          |
| 4.       | Leased Facilities & Circuits Services                                    |                                 |                          |
| 5.       | Miscellaneous Services   |                                 |                          |
| 6.       | <b>TOTAL Telephone Services</b>  | \$ 38,047.23                    | \$ 659.48                |
| 7.       | LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>        | ( - )                           | ( - )                    |
| 8.       | <b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>          |                                 | \$ 659.48                |
| 9.       | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)                |                                 | 700.00                   |
| 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.      | <b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>                               |                                 | \$ 700.00 <sup>(2)</sup> |

- (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 80 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 ( ) NO  
IF YES, who do you lease these facilities from? Name: JONES LANG LASALLE Americas, Inc  
Address: 100 NORTH BISCAYNE BLVD, SUITE 605, MIAMI, FL, 33132

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.

Daniel Mayer (Signature of Company Official) Technical Manager (Title) 01/02/08 (Date)  
DANIEL MAYER (Preparer of Form - Please Print Name) Telephone Number 305-356-3269 Fax Number 806-209-4107  
F.E.I. No. 65-1049379

DOCUMENT NUMBER CASE 00543 JAN 22

FPSC-COMMISSION CLERK



Miami, January 3<sup>rd</sup>, '08

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
Attention  
Mrs. Paula Isler

We are sending in this envelope the following items as discussed previously by phone and email:

1. Form PSC/CMP 153 for 2006 period.
2. Form PSC/CMP 153 for 2007 period.
3. A check for the amount of US\$ 1,268.00 cancelling:
  - a. US\$ 68 for the 2006 period
  - b. US\$ 700 for the 2007 period
  - c. US\$ 500 for the 2007 Fine.

I take advantage of this letter to thank you for your help and guidance in this process.

Regards,

Daniel Mayer  
E-Rosh Corp.

All services provided by DHL Express are subject to the DHL Terms and Conditions of Carriage as published on www.dhl-usa.com. The DHL Waybill is the DHL liability shall not exceed US \$100.00. Shipment Value Protection may be purchased upon request. If the shipment involves an ultimate destination country other than the country of departure, the Convention may apply.

\*Subject to change without notice.



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ORIGIN MMR

DESTINATION CODE

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**1 Payer account number and shipment value protection details**

Charge to  Shipper  Receiver  3rd Party

Payer Account No.  Cash  Check  Credit Card

Shipment Value Protection (see reverse)

Shipment Value Protection (see reverse)

**2 From (Shipper)**

Shipper's Account Number: 963888211

Shipper's Name: JACOB SERFATI

Shipper's Reference (up to 35 characters)

Company Name: T-COSH

Address: 18205 BISCAYNE BLVD. SUITE 2702 AVENTURA, FL

Post/ZIP Code (required): 33160

Phone, Fax, or E-mail (required): 305 932 8550

**3 To (Receiver)**

Receiver's Name: Florida Public Services Commission

Receiver's Address: ATT: FISCAL SERVICES / MISS McCOY & MISS PAVIA ISLER

Receiver's Address: 2540 SHUMARD OAK BLVD.

Receiver's Address: TALLAHASSEE, FL

Country: USA

Post/ZIP Code (required): 32359

Phone, Fax, or E-mail (required)



7419892550

**4 Shipment Details**

| Total number of packages | Total Weight<br>If DHL Express Document packaging used, enter XD. | Pieces | Length | Width | Height |
|--------------------------|---|--------|--------|-------|--------|
| 1                        | XD lbs  | @      | x      | x     | x      |
|                          |   | @      | x      | x     | x      |
|                          |   | @      | x      | x     | x      |

**5 Full Description of Contents**

Give Content and Quantity  
DOCUMENTS

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Proforma or Commercial Invoice.

Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (in US \$) Schedule Number / Harmonized Code (if applicable)

AES TRANSACTION NUMBER TYPE OF EXPORT

Permanent  Repair/Return  Temporary

Destination Duties/Taxes: If left blank, Receiver pays duties/taxes.

Receiver  Shipper  Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment Value Protection is available by request for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) Date: / /

**8 Products & Services**

International Express Envelope

Non-Dutiable (International Document Service)

Dutiable (Worldwide Priority Express)

Other

Service Options (extra charges may apply)

Saturday Delivery  Special Pickup

Delivery Notification  Signature Required

Other

Global Mail  Int. Priority  Int. Standard  IPA  ISAL

Dom. Priority  Dom. Standard

Other

Dimensional Characterizable Weight

lbs

SERVICES CHARGES

Drop Box # TOTAL

TRANSPORT COLLECT STICKER No.

PICKED UP BY

Route No.

Time Date: 1.18.8

Time Date

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DHL Express (USA) Inc., 1200 South Pine Is. rd, Ft. Lauderdale, Florida 33324

Recipient's Copy

area.

SEP

**EXPRESS PACK - SMALL**