TO AVOID P	ENALTY AND INTEREST CHARGES Pay Telep				2008 ment Fee Return	080000-
Esti Am	S: ual Return imated Return ended Return D COVERED: 007 TO 08/14/2007 REMONTOR FEMILIA DV1505,	Florida TG779-07-0-R D H A Enterpr 12500 N.W. 7t North Miami, I	Public Service Conserving Instructions on Back of SECONDES AND SECONDE	6S 030 YO WITH SIMMOA	FOR PSC U Check # No C S S Postmark Date Initials of Preparer (City/State)	JSE ONLY /
LINE	(Name of Company)		(Address)		(City/State)	(Elp)
NO.		ACCOUNT (CLASSIFICATION		Al	MOUNT
1.	Gross Operating I	Revenue (Florida	a)	~ (\$	
2.	Gross Intrastate Revenue					
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)					
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) \$					
5.	Regulatory Assessment Ree Due - (Multiply Line 4 by 0.0020)					
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)					
7.	Interest for Late Payment (see "3. Failure to File by Due Date" omback)					
8.	Extension Payment Fee (see "4. Extension" on back) 80					
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)					
10.	Number of pay tel this Return	ephones in oper	ation at close of p	riod covered by		∑ X
	(1) These amounts must be (2) Regardless of the gross Section 364.336, Florid	e intrastat only and must operating revenue or da Statutes.	st be verifiable (see "2. Fee	s" on back). Ial regulatory assessmen	t fee of \$100 shall be imposed	as provided in O
information	andersigned owner afficer of s a true and correct statement mislead a public serva	am aware that purs	suant to Section 837.06, Fl	orida Statutes, whoever	the best of my knowledge a knowingly makes a false state econd degree.	and belief the above ment in writing with
S	MM [[[]	leg	Dresider	t of Cov	ρ. 1	2/24/07
	(Signature of Company	Official)		(Title)		(Date)
(JON)	reparer of Form - Please	NU Print Name)	Telephone Number	(305)685-1	<u> </u>	0 675-636 0
(•	,	F.E.I. No	05 0635	112	