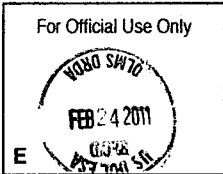


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

443813

1. File Number C- 675	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2010	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2010
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Jason Rodriguez
Title President/CEO
Organization Prestige Consulting Solutions LLC.
P.O. Box, Building and Room Number, if any
509 South Chickasaw Tr. # 249
Street
City Orlando
State Florida ZIP Code + 4 32825

4. Any other address where records necessary to verify this report are kept:

Name Jason Rodriguez
Title President/ CEO
Organization Prestige Consulting Solutions LLC
P.O. Box, Building and Room Number, if any
Street 5500 Florence Harbor Dr.
City Orlando
State Florida ZIP Code + 4 32829

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title President		Title Vice President Finance	
On 02 / 15 / 2011	407-373-3800	On 02 / 15 / 2011	407-230-0203
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: <u>Jason Rodriguez</u>	File Number C- <u>675</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Marina Del Rey Hospital</u> Trade Name <u>Health Care</u> Attention To <u>Fred Hunter</u> Title <u>President/CEO</u>	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>4650 Lincoln Blvd</u> City <u>Marina Del Rey</u> State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>90292</u>
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5.b. Termination Date <u>9/24/2010</u>	5.c. Amount <u>35,175</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jason Rodriguez	1,400	0	<u>1,400.00</u>	9. Office and Administrative Expenses	0
Michael Roan	11,375		<u>11,375</u>	10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees: <u>12,775.00</u>				14. Total Disbursements (Sum of Items 8-13)	<u>12,775.00</u>

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <u>Prestige Consulting Solutions</u>	15.b. Trade Name, If any: <u>Consulting Services</u>
15.c. To Whom Paid Name <u>Jason Michael Rodriguez/Roan</u> Title <u>President/Consultant</u> Organization <u>Prestige Consulting Solutions</u> P.O. Box, Building and Room Number, if any Street <u>509 South Chickasaw Trail #249</u> City <u>Orlando</u> State <u>Florida</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>32825</u>	15.d. Amount <u>12,775.00</u> 15.e. Purpose <u>To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY \$12,775.00

Name of Person Filing: JASON RODRIGUEZ	File Number C- 675
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Lamons Gasket Company</p> <p>Trade Name Steel Work</p> <p>Attention To Anthony L Startz</p> <p>Title VP or Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 7300 Airport Blvd.</p> <p>City Houston</p> <p>State Texas <input checked="" type="checkbox"/> ZIP Code + 4 77061</p>
<p>5.b. Termination Date 8/27/2010 5.c. Amount 83,540.28</p>	
<p>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</p>	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jason Rodriguez	1,400	0		9. Office and Administrative Expenses	0
Ernesto Zuniga	18,687			10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees \$20,087.00				14. Total Disbursements (Sum of Items 8-13) \$20,087.00	

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p> <p>Prestige Consulting Solutions</p>	<p>15.b. Trade Name, If any:</p> <p>Consulting Services</p>
<p>15.c. To Whom Paid</p> <p>Name Jason /Ernie Rodriguez/Zuniga</p> <p>Title President/Consultant</p> <p>Organization Prestige Consulting Solutions</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 509 South Chickasaw Trail #249</p> <p>City Orlando</p> <p>State Florida <input checked="" type="checkbox"/> ZIP Code + 4 32825</p>	<p>15.d. Amount 20,087.00</p> <p>15.e. Purpose</p> <p>To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.</p>
<p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</p> <p align="right">\$20,087.00</p>	

Name of Person Filing: <u>Jason Rodriguez</u>	File Number C- <u>675</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Balfour Beatty Communities</u> Trade Name <u>Military Housing</u> Attention To <u>Rosemary Philips</u> Title <u>VP or Human Resources</u>	Mailing Address: P.O. Box, Building and Room Number, if any <u>NSB Kings Bay</u> Street <u>1038 Andrew Jackson Blvd #180</u> City <u>Kings Bay</u> State <u>Georgia</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>31547</u>
5.b. Termination Date <u>7/14/2010</u>	5.c. Amount <u>22,400.00</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
Jason Rodriguez	1,400	0		9. Office and Administrative Expenses 700.00
				10. Publicity 0
				11. Fees for Professional Services 0
				12. Loans Made 0
				13. Other Disbursements 0
8. Total disbursements to officers and employees:			\$1,400	14. Total Disbursements (Sum of Items 8-13) \$1,400

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: <u>Prestige Consulting Solutions</u>	15.b. Trade Name, if any: <u>Consulting Services</u>	
15.c. To Whom Paid Name <u>Jason Rodriguez</u> Title <u>President/Consultant</u> Organization <u>Prestige Consulting Solutions</u> P.O. Box, Building and Room Number, if any Street <u>509 South Chickasaw Trail #249</u> City <u>Orlando</u> State <u>Florida</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>32825</u>	15.d. Amount <u>1,400.00</u> 15.e. Purpose <u>To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: <u>\$1,400.00</u>		

Name of Person Filing: Jason Rodriguez	File Number C- 675
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Balfour Beatty Communities</p> <p>Trade Name Military Housing</p> <p>Attention To Rosemary Philips</p> <p>Title VP or Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 155 3rd Ave</p> <p>City Fort Gordon</p> <p>State Georgia <input checked="" type="checkbox"/> ZIP Code + 4 30905</p>
5.b. Termination Date 7/12/2010	5.c. Amount 10,600.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jason Rodriguez	1,400	0		9. Office and Administrative Expenses	0
				10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:				\$1,400	14. Total Disbursements (Sum of Items 8-13) \$1,400

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p> <p>Prestige Consulting Solutions</p>	<p>15.b. Trade Name, if any:</p> <p>Consulting Services</p>
<p>15.c. To Whom Paid</p> <p>Name Jason Rodriguez</p> <p>Title President/Consultant</p> <p>Organization Prestige Consulting Solutions</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 509 South Chickasaw Trail #249</p> <p>City Orlando</p> <p>State Florida <input checked="" type="checkbox"/> ZIP Code + 4 32825</p>	<p>15.d. Amount 1,400.00</p> <p>15.e. Purpose</p> <p>To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.</p>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY \$1,400.00	

Name of Person Filing: Jason Rodriguez	File Number C- 675
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Balfour Beatty Communities</p> <p>Trade Name Military Housing</p> <p>Attention To Rosemary Philips</p> <p>Title VP or Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any 351</p> <p>Street Travis Ave</p> <p>City Travis AFB</p> <p>State Georgia ZIP Code + 4 94535</p>
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5.b. Termination Date 11/05/2010	5.c. Amount 39,660.63
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jason Rodriguez	1,400	0	1,400 ⁰⁰	9. Office and Administrative Expenses	0
				10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees: \$1,400⁰⁰				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p> <p>Prestige Consulting Solutions</p>	<p>15.b. Trade Name, If any:</p> <p>Consulting Services</p>
<p>15.c. To Whom Paid</p> <p>Name Jason Rodriguez</p> <p>Title President/Consultant</p> <p>Organization Prestige Consulting Solutions</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 509 South Chickasaw Trail #249</p> <p>City Orlando</p> <p>State Florida ZIP Code + 4 32825</p>	<p>15.d. Amount 1,400.00</p> <p>15.e. Purpose To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **\$ 1,400⁰⁰**

Name of Person Filing: <u>Jason Rodriguez</u>	File Number C- <u>675</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>St. John Health Care System</u>		P.O. Box, Building and Room Number, if any	
Trade Name <u>Health Care</u>		Street <u>28000 Dequindre</u>	
Attention To <u>Mary Naber</u>		City <u>Warren</u>	
Title <u>Vice President</u>		State <u>Michigan</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>48092</u>	

5.b. Termination Date <u>8/24/2010</u>	5.c. Amount <u>20,249.23</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	9. Office and Administrative Expenses	0
Jason Rodriguez	1,400	0	<u>1,400.00</u>		0
Nekeya Nunns Stephens	13,149	0	<u>13,149.00</u>	10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:				<u>14,549.00</u>	14. Total Disbursements (Sum of Items 8-13) <u>14,549.00</u>

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <u>Prestige Consulting Solutions</u>	15.b. Trade Name, If any: <u>Consulting Services</u>
15.c. To Whom Paid	15.d. Amount <u>14,549.20</u>
Name <u>Jason/Nekeya Rodriguez/Nunns</u>	15.e. Purpose To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.
Title <u>President/Consultant</u>	
Organization <u>Prestige Consulting Solutions</u>	
P.O. Box, Building and Room Number, if any	
Street <u>509 South Chickasaw Trail #249</u>	
City <u>Orlando</u>	
State <u>Florida</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>32825</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>\$14,549.00</u>	

Name of Person Filing: Jason Rodriguez	File Number C- 675
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Kozy Shack Enterprises</p> <p>Trade Name Food Processing</p> <p>Attention To Suzanne Cruse</p> <p>Title Vice President</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 83 Ludy St.</p> <p>City Hicksville</p> <p>State New York ZIP Code + 4 11801-5114</p>
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5.b. Termination Date 8/24/2010	5.c. Amount 40,000.00
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	# 251,625.14
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C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jason Rodriguez	1,400	0		9. Office and Administrative Expenses	0
				10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:					1,400.00
				14. Total Disbursements (Sum of Items 8-13)	# 1,400.00

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p> <p>Prestige Consulting Solutions</p>	<p>15.b. Trade Name, If any:</p> <p>Consulting Services</p>
<p>15.c. To Whom Paid</p> <p>Name Jason Rodriguez/Nunns</p> <p>Title President/Consultant</p> <p>Organization Prestige Consulting Solutions</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 509 South Chickasaw Trail #249</p> <p>City Orlando</p> <p>State Florida ZIP Code + 4 32825</p>	<p>15.d. Amount 1,400.00</p> <p>15.e. Purpose</p> <p>To persuade employees to exercise or not exercise, or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	# 1,400.00
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