U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Office of Management and Budget No. 1245-0003

Form approved Expires 10-31-2013



This report is mandatory under P.L. 88-257, 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 00483				• • •			
Person Filling		<u> </u>					
2. Name and mailing address (include ZIP Code):			3. Any other address where records necessary to verify this report are kept:				
Name Lufe CYUZ			Name				
Title CEO			Titte _				
Organization Cruz & Associates			Organization				
P.O. Box, Bldg., Room No., if any 1831			P.O. Box, Bldg., Room No., if any				
Street			Street				
City Upland			City				
State California	ZIP Code + 4	91785	State		ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:							
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):							
Nature of Agreement or Arrangement							
6. Full name and address of employer with whom made (include ZIP Code):			7. Date ente		/ 23 / 201	i.	
Name David Cho							
Organization Kiss Products, Inc.			8. Name of person(s) through whom made:				
Trade Name, if any			Name				
P.O. Box, Bldg., Room No.; if any			Name				
Street 57 Seaview Boulevard			Name				
City Port Washington			Name				
State New York	ZIP Code + 4	11050	Name				
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 Section VII on penalties in the instructions.)							
13. Signed Jupace	~	President (If other title, see	14. Signed		-	Treasurer (If other title, see	
Title Other (Specify)	·	instructions)	Title	Treasurer		instructions)	
CEO	•						
On 8/23/2013 90	9-980-8736		On		_	_	
Date	Telephone Number	,		Date	Telephone Number		
							

Filer: Cruz & Associates	File Number C- 00483					
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:						
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.						
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.						
10. Terms and conditions (Explain in détail; see instructions. Written agreements must be attached.):						
Paid hourly, Expenses reimbursed.						
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Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instruct	ions):					
a. Nature of activity: To inform Employee's of their section 7 rights and a	nakin maitini mandina allestina bandini.					
TO INTOIN Employees of their section / rights and a	maker questions regarding corrective bargaining.					
11.b. Period during which performed:	11.c. Extent performed:					
7/23/2013	Ongoing					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Juan Cruz	Name Javier Carbone					
Organization Reconnect Labor Relations	Organization Rivera Carbone					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street 12831 Moreno Beach Dr.	Street 30200 Rancho Viejo Road, Suite A					
City Rancho Belago	City San Juan Capistrano					
State California ZIP Code + 4: 77429	State California ZIP Code + 4 92675					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Ware House	International Brotherhood of Trade uions.					
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