

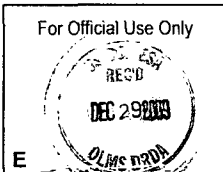
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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

410211

1. File Number C-00556	2. Period Covered By This Report From: 01/06/2009 Through: 12/31/2009	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Richard L Torres
Title	President
Organization	Permanent Solutions Labor Consultants
P.O. Box, Building and Room Number, if any	#104
Street	19186 Fort Street
City	Riverview
State	Michigan ZIP Code + 4 48193
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	ZIP Code + 4

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	Treasurer	
On	11/09/2009	313-218-0371	On	11/09/2009	
Date		Telephone Number	Date		Telephone Number

Name of Person Filing: Richard Torres

File Number C- 00556

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:

P.O. Box, Building and Room Number, if any

Employer Crash Rescue

Trade Name

Street 3912 West Illinois Avenue

Attention To Kevin

Ashton

City Dallas

Title CEO

State Texas

ZIP Code + 4 75211-8451

5.b. Termination Date 8/14/2009

5.c. Amount 47,047

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 47,047

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

Amed

Santana

25,425

3,195

28,620

9. Office and Administrative Expenses

Johan

Pena

17,550

877

18,427

10. Publicity

0

0

11. Fees for Professional Services

0

0

12. Loans Made

13. Other Disbursements

8. Total disbursements to officers and employees:

47,047

14. Total Disbursements (Sum of Items 8-13)

47,047

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:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY