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

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

Month/Day/Year

( mm/dd/yyyy )

Treasurer (If other title, see

instructions)

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)



1 . File Number C- 675

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

Month/Day/Year (mm/dd/yyyy)

Vice President Finance

02 / 15 / 2011

Date

407-230-0203

Telephone Number

443813

_	From: 01 / 01 / 2010 Through: 12 / 31 / 2010			
A. Person Filing				
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
Name Jason Rodriguez	Name Jason Rodriguez			
Title President/CEO	Title President/ CEO			
Organization Prestige Consulting Solutions LLC.	Organization Prestige Consulting Solutions LLC			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
509 South Chickasaw Tr. # 249				
Street	Street 5500 Florence Harbor Dr.			
City Orlando	City Orlando			
State Florida	State Florida 🔘 ZIP Code + 4 32829			
Signa	atures			
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,			

18. Signed

President

instructions)

0

407-373-3800

Telephone Number

(if other title, see

17. Signed

On

President

02 / 15 / 2011

Date

Name of Person Filing: Toson Podrienez	File Number C-	675	
- VI 301 1 0 0 7 7 0 2	l	ر ري	

<b>B. Statement of Receipts</b> Report all receipts from employers in connection or services.	n with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Building and Room Number, if any
Employer Marina Del Rey Hospital	
Trade Name Health Care	Street 4650 Lincoln Blvd
Attention To Fred Hunter	City Marina Del Rey
Title President/CEO	State   California
5.b. Termination Date 9/24/2010	5.c. Amount 35,175
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement o	f Disbursements	Report all disbursements to the employers listed in		eporting organiza	ation in connection with labor relations advic	e or services rendered
7. Disbursements (a) Name	s to Officers and Empl	oyees: (b) Salary	(c) Expenses (	d) Totals		
Jason	Rodrigue	z 1,400	0	1,40000	Office and Administrative Expenses	(
Michael	Roan	11,37	5 .4	11,375	10. Publicity	(
					11. Fees for Professional Services	
•					12. Loans Made	C
					13. Other Disbursements	0
8. Total disburse	ements to officers ar	nd employees:	10	277500	14. Total Disbursements (Sum of Items 8-13)	12775.00

D. Schedule of Disbursements for Reportable Activity  Use this Sclinstructions.	hedule to report only disbursements made for the purposes described in Part D of the $\cdot$
15.a. Employer Name:	15.b. Trade Name, If any:
Prestige Consulting Solutions	Consulting Services
15.c. To Whom Paid	15.d. Amount 12,775.00
Name Jason Michael Rodriguez/Roan  Title President/Consultant  Organization Prestige Consulting Solutions	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.O. Box, Building and Room Number, if any	
Street 509 South Chickasaw Trail #249	
City Orlando	
State Florida	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	\$ 12,775.00

Name of Person Filing:	TASON	Rodri	9482	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. 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any Employer Lamons Gasket Company Trade Name Steel Work Street 7300 Airport Blvd. Attention To Anthony City L Startz Houston Title State Texas Ø ZIP Code + 4 77061 VP or Human Resources 5.b. Termination Date 8/27/2010 5.c. Amount 83,540.28 6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement o	f Disbursements	Report all disbursements to the employers listed in I		organization in connection with labor relations advic	e or services rendered
7. Disbursements (a) Name	s to Officers and Empl	oyees: (b) Salary	(c) Expenses (d) Totals		
Jason	Rodrigue	z 1,400	0	Office and Administrative Expenses	
Ernesto	Zuniga	18,687		10. Publicity	
				11. Fees for Professional Services	(
				12. Loans Made	(
		.,		13. Other Disbursements	
8. Total disburse	ements to officers a	nd employees 2008	7.00	14. Total Disbursements (Sum of Items 8-13)	20 087 00

D. Schedule of Disbursements for Reportable Activity Use this S instruction	chedule to report only disbursements made for the purposes described in Part D of the is.
15.a. Employer Name:	15.b. Trade Name, If any:
Prestige Consulting Solutions	Consulting Services
15.c. To Whom Paid	15.d. Amount 20,087.00
Name Jason /Ernie Rodriguez/Zuniga	15.e. Purpose
Title President/Consultant	To persuade employees to exercise or not exercise, or persuade employees as to the manner of
Organization Prestige Consulting Solutions	exercising the right to organize and bargain collectively through representatives of their own choosing.
P.O. Box, Building and Room Number, if any	
Street 509 South Chickasaw Trail #249	
City Orlando	
State Florida	

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Name of Person Filing:	Sason	Rodrique	7_	File Number C-	675

B. Statement of Receipts Report all receipts from employers in connection w	th labor relations arriving or services renardless of the purposes of the advice
or services.	an account of the control of the purposes of the action
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Building and Room Number, if any
Employer Balfour Beatty Communities	NSB Kings Bay
Trade Name Military Housing	Street 1038 Andrew Jackson Blvd #180
Attention To Rosemary Philips	City Kings Bay
Title VP or Human Resources	State Georgia
5.b. Termination Date 7/14/2010	5.c. Amount 22,400.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement	of Disbursements	Report all disbursements to the employers listed in		reporting organ	nization in connection with labor relations advice	e or services rendered
7. Disbursemen (a) Name	its to Officers and Empl	oyees: (b) Salary	(c) Expenses	(d) Totals		
Jason	Rodrigue	z 1,400			Office and Administrative Expenses	700.00
					10. Publicity	0
					11. Fees for Professional Services	C
					12. Loans Made	D
					13. Other Disbursements	0
8. Total disbur	sements to officers ar	nd employees:	\$	1,400	14. Total Disbursements (Sum of Items 8-13)	\$1.400

edule to report only disbursements made for the purposes described in Part D of the	
15.b. Trade Name, If any:	
Consulting Services	
15.d. Amount 1,400.00	
15.e. Purpose	
To persuade employees to exercise or not exercise orpersuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.	

Name of Person Filing:	7	0 1	File Number C-	(.75
Training of Following:	Jason	Modrique		<u>675</u>

B. Statement of Receipts Report all receipts from employers in connector services.	ction with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Balfour Beatty Communities	
Trade Name Military Housing	Street 155 3rd Ave
Attention To Rosemary Philips	City Fort Gordon
Title VP or Human Resources	State Georgia
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 to the employers listed in		reporting organ	ization in connection with labor relations advice	e or services rendered
7. Disbursemen (a) Name	ts to Officers and Empl	loyees: (b) Salary	(c) Expenses	(d) Totals		
Jason	Rodrigue	z 1,400		0	Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbur	sements to officers a	nd employees:	\$	1,400	14. Total Disbursements (Sum of Items 8-13)	\$1.400

5.b. Trade Name, If any:  Consulting Services  5.d. Amount 1,400.00		
5.d. Amount 1 400.00		
1,100.00		
5.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 choosing.		

Name of Person Filing:	Jason	Rodriquez	mber C-	675

<b>B. Statement of Receipts</b> Report all receipts from employers in connect or services.	ection with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Balfour Beatty Communities	351
Trade Name Military Housing	Street Travis Ave
Attention To Rosemary Philips	City Travis AFB
Title VP or Human Resources	State Georgia 🔘 ZIP Code + 4 94535
5.b. Termination Date 11/05/2010	5.c. Amount 39,660,63
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement	of Disbursements	Report all disbursements to the employers listed in	made by the re Part B.	eporting organiza	ation in connection with labor relations advice	e or services rendered
7. Disbursemen (a) Name	ts to Officers and Empl	oyees: (b) Salary	(c) Expenses (	d) Totals		
Jason	Rodrigue	z 1,400	0	1,40000	9. Office and Administrative Expenses	0
					10. Publicity	C
					11. Fees for Professional Services	C
					12. Loans Made	C
					13. Other Disbursements	C
8. Total disbur	sements to officers a	nd employees:	# /	400 80	14. Total Disbursements (Sum of Items 8-13)	

	lse this Schedule to report only disbursements made for the purposes described in Part D of the astructions.
5.a. Employer Name:	15.b. Trade Name, If any:
Prestige Consulting Solutions	Consulting Services
5.c. To Whom Paid	15.d. Amount 1,400.00
Name Jason Rodriguez	15.e. Purpose
Title President/Consultant	To persuade employees to exercise or not exercise, or persuade employees as to the manner of
Organization Prestige Consulting Solutions	exercising the right to organize and bargain collectively through representatives of their own choosing.
P.O. Box, Building and Room Number, if any	
Street 509 South Chickasaw Trail #249	
City Orlando	
State Florida	825

Name of Person Filing:	JASON	Rodri	,9u8Z	File Number C- 675
		0		

B. Statement of Receipts Report all receipts from employers in conne or services.	ection with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer St. John Health Care System	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name Health Care	Street 28000 Dequindre
Attention To Mary Naber	City Warren
Title Vice President	State Michigan 🔘 ZIP Code + 4 48092
5.b. Termination Date 8/24/2010	5.c. Amount 20,249.23
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of		disbursements mad oyers listed in Parl		porting organiza	ation in connection with labor relations advice	e or services rendered
7. Disbursements (a) Name	s to Officers and Employees:	(b) Salary (c)	Expenses (o	f) Totals		
Jason	Rodriguez	1,400	0	1,40000	9. Office and Administrative Expenses	
Nekeya	Nunns Stephens	13,149	0	13,14900	10. Publicity	(
					11. Fees for Professional Services	(
					12. Loans Made	(
					13. Other Disbursements	(
8. Total disburs	ements to officers and employee	S:	19	454900	14. Total Disbursements (Sum of Items 8-13)	14.549.00

15.a. Employer Name:	15.b. Trade Name, If any:	
Prestige Consulting Solutions	Consulting Services	
15.c. To Whom Paid	15.d. Amount 14,549.20	
Name Jason/Nekeya Rodriguez/Nunns Title President/Consultant Organization Prestige Consulting Solutions	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.O. Box, Building and Room Number, if any		
Street 509 South Chickasaw Trail #249		
City Orlando		
State   Florida		

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

5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any Employer Kozy Shack Enterprises Trade Name Food Processing Street 83 Ludy St. Attention To Suzanne City Cruse  ${\tt Hicksville}$ Ø ZIP Code + 4 11801-5114 New York Title State Vice President 5.c. Amount 40,000.00 5.b. Termination Date 8/24/2010 # 251,625.14 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. Disbursement (a) Name	ts to Officers and Empl	oyees: (b) Salary	(c) Expenses (	d) Totals	_		
Jason	Rodrigue	z 1,400	0		Office and Administrative Expenses	. 0	
					10. Publicity	0	
					11. Fees for Professional Services	0	
					12. Loans Made	0	
				_	13. Other Disbursements	0	
8. Total disburs	sements to officers a	nd employees:	1.	40000	14. Total Disbursements (Sum of Items 8-13)	1,40000	

5.a. Employer Name:	15.b. Trade Name, If any:  Consulting Services  15.d. Amount 1,400.00		
Prestige Consulting Solutions			
15.c. To Whom Paid			
Name Jason Rodriguez/Nunns  Title President/Consultant  Organization Prestige Consulting Solutions	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.O. Box, Building and Room Number, if any			
Street 509 South Chickasaw Trail #249 City Orlando			
State   Florida			