

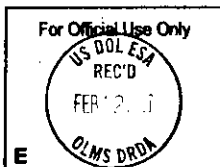
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

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

1. File Number C- 00556	325 883	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From:	05 / 01 / 2006		05 / 05 / 2006

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Jaiver Rojas	Name
Title Treasure	Title
Organization Permanent Solutions	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 19186 Fort Street	Street
City Riverview	City
State Michigan ZIP Code + 4 48192	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 / 10 / 2006	3132180371	On 11 / 10 / 2006	7349154570
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Jaiver Rojas	File Number C- 00556
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Sonic Automotive Trade Name Attention To Harry Harden Title Human Resources	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 40475 Ann Arbor RD City Plymouth State Michigan ZIP Code + 4 48170-4576
5.b. Termination Date 05/05/2006	5.c. Amount 1,400
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,400	

<b>C. Statement of Disbursements</b> 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		
Richard Torres	1,400		1,400	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			1,400	14. Total Disbursements (Sum of Items 8-13)	1,400

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>  <b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4	<b>15.b. Trade Name, if any:</b>  <b>15.d. Amount</b> <b>15.e. Purpose</b>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		