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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

Telephone Number



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: **Person Filling** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Mamo Name Lupe Juan M Cruz Cruz Title Title CEO CEO Organization Reconnect Labor Relations Consultants Organization Cruz and Associates Labor Relations P.O. Box, Bldg., Room No., if any P.O. Box 1831 P.O. Box, Bidg., Room No., if any Street Street 12831 Moreno Beach Dr. Suite 133 City Upland City Moreno Valley State California ZIP Code + 4 92555 State California ZIP Code + 4 91785 4. Date fiscal year ends: 5. Type of person: a X Individual b. Partnership c. Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 11 / 5 / 2012 Name Luis Alvarez 8. Name of person(s) through whom made: Organization Black Stone Name Lupe Cruz Trade Name, if any El Conquistador Resort Name P.O. Box, Bldg., Room No., if any Name Street 1000 Conquistador Avenue City Fajardo Name ZIP Code + 4 State Puerto Rico 00738 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 corrulate. (See Section VII on penalties in the instructions.) 13. Signed 14. Signed President Treasurer (If other title, see (If other title, see (Awithrian instructions) Other (Specify) Other (Specify) 1000 CEO 11/20/2012 951-413-4402

Telephone Number

Date

Filer: Tuan Cruz Reconnect Labor Relations Consulta	nts File Number C-
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.	
AO Tamanada anadistana (Familia in dataila ana industriana Maistana anada anada anada anada anada anada anada a	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): No agreement, we conduct periodically audits.	
No agreement, we conduct periodically addits.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Supported Human Resorces conducting employee and management audits on how the company can do a better job with it's employees.	
11.b. Period during which performed:	11.c. Extent performed:
November 5, 2012	November 16, 2012
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Juan M Cruz	Name
Organization Reconnect Labor Relations Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 12831 Moreno Beach Drive, Suite 133	Street
City Moreno Valley	City
State California ZIP Code + 4 92555	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees, supervisors, managers and department directors.	None

and representations of