4/5/12

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. 1245-0003 Expires 10-31-2013

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. PPEOD P ding 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 Month/Day/Year (mm/dd/yyyy) Month/Day/Year 2. Period Covered 1 . File Number C- 675 (mm/dd/yyyy) By This Report Through: 01 / 2011 31 / 2011 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept; Name Name Ana Rodriguez Rodriguez Ana Title Title President/CEO 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 Street 509 South Chickasaw Trail 5500 Florence Harbor Dr. Street City City Orlando Orlando ZIP Code + 4 32825 ZIP Code + 4 32829 State Florida Florida State 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 18. Signed Treasurer (if other title, see (If other title, see President Treasurer instructions) instructions) 02 / 28 2012 407-207-2254 N/A 02 28 2012 On Date Telephone Number Date Telephone Number

File Number C- 675 Name of Person Filing: Ana Rodriguez 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 The Chef's Warehouse Trade Name Street 100 East Ridge Road Attention To Patricia City Ridgefield Lecouras ZIP Code + 4 | 06877 Vice President of Human Resources State Connecticut Title 02/12/2011 5.c. Amount 85,725 5.b. Termination Date 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 85,725 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: (b) Salary (c) Expenses (d) Totals (a) Name Rodriguez 36,675 36,675 Jason 9. Office and Administrative Expenses Mike Roan 49,050 0 49,050 10. Publicity 11. Fees for Professional Services 12. Loans Made Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 8. Total disbursements to officers and employees: 85,725 85,725 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: Prestige Consulting Solutions LLC, Consulting Services 15.d. Amount | 85,725 15.c. To Whom Paid Jason/Mike Rodriguez/Roan Name 15.e. Purpose Senior Consultant/Consultant Title To Persuade employees to exercise or not exercise, or persuade employees as to the manner of Organization Prestige Consulting Solutions LLC, 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 ZIP Code + 4 32825 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 85,725

Name of Person Filing: Ana Rodriguez			File Number C-	675	
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.					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 Preferred Freezer Services Oper LLC					
Trade Name	Street 49	01 Bandini	Blvd	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Attention To Sam Hensley	City Ve	City Vernon			
Title Vice President of Human Resources State California ZIP Code + 4 90058					
5.b. Termination Date 04/02/2011	5.c. Amount	61,250			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 61,250					
					
C. Statement of Disbursements Report all disbursements made by the re	porting organiza	ation in connection	on with labor relation	ons advice or	services rendered
to the employers listed in Part B.					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	i) Totals				
Jason Rodriguez 33,750 0	33,750	9. Office and A	Administrative Expe	enses	
Jack Burmudez 27,500 0	27,500	10. Publicity			
0 0	0	11. Fees for Pr	ofessional Service	s	
		12. Loans Made)		
		13. Other Disbu	ursements		
Total disbursements to officers and employees:	61,250	14. Total Disburs	sements (Sum of Ite	ms 8-13)	61,250
D. Cabadula of Diabumaments for Bonadable Addition.					
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:			
Prestige Consulting Solutions LLC,	Co	nsulting Se	rvices]
15.c. To Whom Paid	15.d. Amou	15.d. Amount 61,250			
Name Jason/Jack Rodriguez/Bermud	15.e. Purpo	15.e. Purpose			
Title Senior Consultant/Consultant		To Persuade employees to exercise or not exercise,			
Organization Prestige Consulting Solutions LLC,	exercis	or persuade employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own			
P.O. Box, Building and Room Number, if any	choosin	ıg.	•		
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Street 509 South Chickasaw Trail #249					1
City Orlando					
State Florida ZIP Code + 4 32825					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 61,250)	·			

Name of Person Fili	ng: Ana Rodriguez				File Number C- 675			
B. Statement of Re	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.						of the advice	
5.a. Name and Addre	5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any							
Employer Ba								
Trade Name				Street 10 Campus Blvd				
Attention To Rosemary Phillips				City Ne	City Newton Square			
Title	Title Vice President of Human Resources State Pennsylvania ZIP Code + 4 19073						19073	
51 T 1 1 1 5			1		F - A	I. oo		
5.b. Termination D	Date 08/06/2011				5.c. Amount	47,885	<u> </u>	
6. TOTAL RECEIP	TS FROM ALL EMPLOYERS	47,885						
C. Statement of D	isbursements Report all di	sbursements r	nade by ti	he repo	orting organiza	ation in connection with labor relation	s advice or s	services rendered
		yers listed in F						
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		0 '		0	0	10. Publicity		
		0		0	0	11. Fees for Professional Services		
						12. Loans Made		
						13. Other Disbursements		
8. Total disbursements to officers and employees:				47,885	14. Total Disbursements (Sum of Items 8-13)		47,885	
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:					
Prestige Consulting Solutions LLC,				Consulting Services				
15.c. To Whom Paid				15.d. Amount 47,885				
Name Jason Rodriguez 15.e					15.e. Purpo	15.e. Purpose		
Title Senior Consultant				To Persuade employees to exercise or not exercise,				
Organization Prestige Consulting Solutions LLC,				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				CHOOSIF	.y.		1	
Street 509 South Chickasaw Trail #249					1			
City Orlando								
	State Florida ZIP Code + 4 32825							
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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). Employer Casadale Foods	Name of Person Filing: Ana Rodriguez	File Number C- 675					
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15.c. To Whom Paid Name Jason Rodriguez Title Senior Consultant Organization Prestige Consulting Solutions LLC, P.O. Box, Building and Room Number, if any Street 509 South Chickasaw Trail #249	15.a. Employer Name:	15.b. Trade Name, If any:					
Name Jason Rodriguez Title Senior Consultant Organization Prestige Consulting Solutions LLC, P.O. Box, Building and Room Number, if any Street 509 South Chickasaw Trail #249	Prestige Consulting Solutions LLC,	Consulting Services					
Title Senior Consultant Organization Prestige Consulting Solutions LLC, P.O. Box, Building and Room Number, if any Street 509 South Chickasaw Trail #249	15.c. To Whom Paid 15.d. Amount 22,347						
Organization Prestige Consulting Solutions LLC, P.O. Box, Building and Room Number, if any Street 509 South Chickasaw Trail #249	Name Jason Rodriguez	15.e. Purpose					
Organization Prestige Consulting Solutions LLC, 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							
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 22,347							