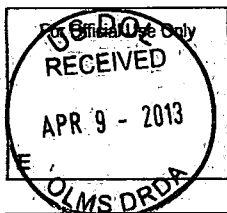


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

526627

1. File Number C-00556	2. Period Covered By This Report From: 01/01/2010 Through: 12/10/2010
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Jaiver Rojas
Title	Treasury
Organization	Permanent Solutions
P.O. Box, Building and Room Number, if any	#374
Street	23772 West Rd
City	Brownstown
State	Michigan
ZIP Code + 4	48183
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)
Title	President
On	12/29/2010
Date	313-218-0371
Telephone Number	
18. Signed	Treasurer (if other title, see instructions)
Title	Treasurer
On	12/29/2010
Date	313-218-0371
Telephone Number	

Name of Person Filing: Jaiver Rojas

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 Walton Woods / Singh Senior Living

Trade Name

Street 3450 West 13 mile

Attention To Jennifer Obaran

City Royal Oak

Title Human Resources

State Michigan ZIP Code + 4 48073

5.b. Termination Date 12/10/2010

5.c. Amount 189,794

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 189,794

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	87,075	6,200	93,275	9. Office and Administrative Expenses	
Chyvonne	Sneed	86,850	9,669	96,519	10. Publicity	
		0		0	11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				189,794	14. Total Disbursements (Sum of Items 8-13)	189,794

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