


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # S68216 1. Entity Name GRUPO NELSON INC.	
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Principal Place of Business 501 NELSON PLACE NASHVILLE, TN 37204 US	Mailing Address PO BOX 141000 NASHVILLE, TN 37214-1000
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**DO NOT WRITE IN THIS SPACE**

06122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0281091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HYATT, MIKE 501 NELSON PLACE NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD POWERS, JOE L. 501 NELSON PLACE NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000766376  
 06/18/07-80003-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  6-12-07 615-889-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #