


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # S68216


1. Entity Name
GRUPO NELSON INC.



Principal Place of Business
501 NELSON PLACE
NASHVILLE, TN 37204 US

Mailing Address
PO BOX 141000
NASHVILLE, TN 37214-1000

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0281091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

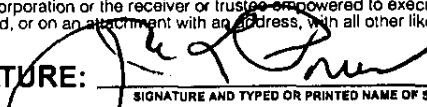
10. OFFICERS AND DIRECTORS

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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 01/23/08-80026-022 150.00

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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 or 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:  **JOE L. POWERS** **1/15/08** **615-889-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #