2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P97000033502

Entity Name: NOODLES CAFE ITALIAN RESTAURANT, INC.

Current Principal Place of Business:

28340 TRAILS EDGE BLVD.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

28340 TRAILS EDGE BLVD.
#9
BONITA SPRINGS, FL 34134

Current Mailing Address:

28340 TRAILS EDGE BLVD.
BONITA SPRINGS, FL 34134

New Mailing Address:

28340 TRAILS EDGE BLVD.
#9
BONITA SPRINGS, FL 34134

FEI Number: 65-0722354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMAN, MATTHEW D
5355 CORAL WOOD DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

MILLER, JOEL
720 GOODLETTE ROAD #203
NAPLES, FL 34102 US

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.

SIGNATURE: JOEL MILLER 01/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BERMAN, MATTHEW D
Address: 5355 CORAL WOOD DR
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: BERMAN, CARRIE L
Address: 5355 CORAL WOOD DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE L. BERMAN S 01/08/2004
Electronic Signature of Signing Officer or Director Date