


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000002532</b> 1. Entity Name BEBE STORES, INC.	
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Principal Place of Business 400 VALLEY DRIVE BRISBANE, CA 94005	Mailing Address 400 VALLEY DRIVE BRISBANE, CA 94005
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04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-2450490	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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE 06/02/08-80017-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MASHOUF, MANNY 400 VALLEY DRIVE BRISBANE, CA 94005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICO, CORRADO 1717 N. BAYSHORE DRIVE, APT. 1432 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PARKS, WALTER 400 VALLEY DRIVE BRISBANE, CA 94005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, BARBARA 2310 HYDE ST SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, CADEN 66 RIDGEWOOD AVENUE MILL VALLEY, CA 94941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, CYNTHIA 1401 BRICKELL AVE., SUITE 640 MIAMI, FL 33131

**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: WALTER PARKS CFO   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 (415) 715-3900  
Date Daytime Phone #