

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000002532

1. Entity Name
BEBE STORES, INC.



Principal Place of Business
400 VALLEY DRIVE
BRISBANE, CA 94005

Mailing Address
400 VALLEY DRIVE
BRISBANE, CA 94005



04172007 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 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | C |
| NAME | MASHOUF, MANNY |
| STREET ADDRESS | 400 VALLEY DRIVE |
| CITY-ST-ZIP | BRISBANE, CA 94005 |
| TITLE | D |
| NAME | FREDERICO, CORRADO |
| STREET ADDRESS | 1717 N. BAYSHORE DRIVE, APT. 1432 |
| CITY-ST-ZIP | MIAMI, FL 33132 |
| TITLE | CFO |
| NAME | PARKS, WALTER |
| STREET ADDRESS | 400 VALLEY DRIVE |
| CITY-ST-ZIP | BRISBANE, CA 94005 |
| TITLE | D |
| NAME | BASS, BARBARA |
| STREET ADDRESS | 2310 HYDE ST |
| CITY-ST-ZIP | SAN FRANCISCO, CA 94109 |
| TITLE | D |
| NAME | WANG, CADEN |
| STREET ADDRESS | 86 RIDGEWOOD AVENUE |
| CITY-ST-ZIP | MILL VALLEY, CA 94941 |
| TITLE | D |
| NAME | COHEN, CYNTHIA |
| STREET ADDRESS | 1401 BRICKELL AVE., SUITE 640 |
| CITY-ST-ZIP | MIAMI, FL 33131 |

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05/30/07-80034-020 150.00

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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 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: Walters Date: 5/10/07 Daytime Phone #: 415-715-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR