

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005592

**Entity Name:** KE'N TOUCHE'N CORP

**Current Principal Place of Business:**

1701 S FEDERAL HWY  
10  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1701 S FEDERAL HWY  
10  
LAKE WORTH, FL 33460 US

**FEI Number:** 85-1293197

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HYPPOLITE, CLETHA  
1701 S FEDERAL HWY  
10  
LAKE WORTH, FL 33460 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HYPPOLITE, CLETHA  
Address 1701 S FEDERAL HWY  
10  
City-State-Zip: LAKE WORTH FL 33460

Title VP  
Name HYPPOLITE, JEAN R  
Address 1701 S FEDERAL HWY  
10  
City-State-Zip: LAKE WORTH FL 33460

Title TREASURER  
Name PLATEL, WILTON  
Address 1701 S FEDERAL HWY  
10  
City-State-Zip: LAKE WORTH FL 33460

Title SECRETARY  
Name MATHURIN, MATHIEU11  
Address 114 SW 6TH AVE  
City-State-Zip: DELRAY BEACH FL 33444

Title CHAIRMAN  
Name BOUCHOTTE, EMMANUEL  
Address 181 WOOD AVE  
City-State-Zip: STRATFORD CT 06614

Title DIRECTOR  
Name BELLAVOIR, PRICILE  
Address 50 ARLINGTON ST  
City-State-Zip: WESTBURY NY 11590

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLETHA HYPPOLITE

**PRESIDENT**

**03/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date