

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005592

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

**Current Principal Place of Business:**

3200 SUMMIT BLVD  
UNIT 15885  
WEST PALM BEACH, FL 33416

**Current Mailing Address:**

312 W GAY AVE  
YORK, PA 17401 US

**FEI Number:** 85-1293197

**Certificate of Status Desired:** Yes

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

HYPPOLITE, CLETHA  
3200 SUMMIT BLVD  
UNIT 15885  
WEST PALM BEACH, FL 33416 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 3200 SUMMIT BLVD  
UNIT 15885  
City-State-Zip: WEST PALM BEACH FL 33416

Title VP  
Name GUILLET, FRANZ  
Address 60 E ECKERSON RD  
24  
City-State-Zip: SPRING VALLEY NY 10977

Title TREASURER  
Name HYPPOLITE, JEAN R  
Address 3200 SUMMIT BLVD  
UNIT 15885  
City-State-Zip: WEST PALM BEACH FL 33416

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

Title ASST. SECRETARY  
Name PLATEL, WILTON  
Address 3200 SUMMIT BLVD  
UNIT 15885  
City-State-Zip: WEST PALM BEACH FL 33416

*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

P

03/10/2024

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

\_\_\_\_\_  
Date