

FDA | U.S. Food and Drug Administration

Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date
09/21/2025 14:04:01

Created by
tru6840

Created Date
2025-09-10 08:56:07.0

Registration Renewed Date

Registration Expiration Date
2026-12-31

Last Updated
2025-09-21

Registration Status
VALID

Registration Status Reason
Initial registration

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

☐ Yes ☒ No

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: Registration Number: **16425142318** Pin No **ae8Ax9x8** [Modify Pin](#)

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name :

Previous Owner's Registration Number :

Section 2: Facility Name/Address Information

Facility Name
KOALA DETALLES

Telephone Number
051 927 765343

Facility Name Suffix
Limited

Fax Number

Facility Street Address, Line 1
CAL. SANCHEZ CARRION NRO. 865 SEC. MORRO SOLAR

E-Mail Address
andreaalcon1610@gmail.com

Unique Facility Identifier (UFI)
759339886

Facility Street Address, Line 2

ALTO

City

JAEN

State/Province/Territory

Cajamarca

Zip/Postal Code

06801

Country/Area

PERU**Section 3: Preferred Mailing Address Information**

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? **Yes**

Name

KOALA DETALLES

Telephone Number

051 927 765343

Address, Line 1

**CAL. SANCHEZ CARRION NRO. 865 SEC. MORRO
SOLAR**

Fax Number

E-Mail Address

andreaalcon1610@gmail.com

Address, Line 2

ALTO

City

JAEN

State/Province/Territory

Cajamarca

Zip Code (Postal Code)

06801

Country/Area

PERU**Section 4: Parent Company Name/Address Information**

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- ☒ **Same as Facility Address (Section 2)**
☐ **Same as Preferred Mailing Address (Section 3)**
☐ **None of the above**

Company Name

KOALA DETALLES

Telephone Number

051 927 765343

Company Name Suffix

Limited

Fax Number

E-Mail Address

andreaalcon1610@gmail.com

Address, Line 1

**CAL. SANCHEZ CARRION NRO. 865 SEC. MORRO
SOLAR**

Address, Line 2

ALTO

City

JAEN

State/Province/Territory

Cajamarca

Zip Code (Postal Code)

06801

Country/Area

PERU**Section 5: Facility Emergency Contact Information**

If information is the same as another section, check which section:

- ☐ Same as Facility Address (Section 2)
☒ Same as U.S. Agent Information (Section 7)
☐ None of the above

Individual's Title *(Optional)*

Emergency Contact Phone

Individual's Name *(Optional)***001 415 3000019****TrueTech Inc**

E-mail Address

garyjob@truesight.meIndividual's Middle Name *(Optional)*Job Title *(Optional)*Individual's Last Name *(Optional)***Section 6: Trade Names**

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**☐ Yes ☒ No**Section 7: United States Agent**

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

Name

Telephone Number

TrueTech Inc**415 3000019**

Address, Line 1

Emergency Contact Phone

1968 S COAST HIGHWAY 4616**415 3000019**

Address, Line 2

Fax Number

Unit 4616

City Laguna Beach	E-Mail Address garyjob@truesight.me
State/Province/Territory California	
Zip Code (Postal Code) 92651	
Country/Area UNITED STATES	

Section 8: Seasonal Facility Dates of Operation *(Optional)*

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis *(Optional)*.

Harvest 1	
Start Month May	End Month August
Harvest 2	
Start Month September	End Month December

Section 9: General Product Categories - Human/Animal/Both

☒ **Food for Human Consumption** ☐ **Food for Animal Consumption**

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- ☐ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information
☐ Section 4 - Parent Company Address Information
☒ Section 7 - U.S. Agent Address Information
☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : TrueTech Inc

Address, Line 1 1968 S COAST HIGHWAY 4616	Telephone Number 001 415 3000019
Address, Line 2	Fax Number

Unit 4616

City

Laguna Beach

State/Province/Territory

California

Zip Code (Postal Code)

92651

Country/Area

UNITED STATES

E-Mail Address

garyjob@truesight.me**Section 11: Inspection Statement**

☒ **FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.**

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Zhiwen Teh

CHECK ONE BOX

- ☒ **A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)**
- ☐ **B. ANOTHER AUTHORIZED INDIVIDUAL**

Address Information for the Authorizing Individual:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

