

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000676

**Entity Name:** FOOD VENTURES NORTH AMERICA, INC.

**Current Principal Place of Business:**

1770 PROMONTORY CIR  
GREELEY, CO 80634

**FILED**  
**Feb 04, 2019**  
**Secretary of State**  
**8201743324CC**

**Current Mailing Address:**

1770 PROMONTORY CIR  
GREELEY, CO 80634 US

**FEI Number: 32-0502280**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CHIEF EXECUTIVE OFFICER,  
DIRECTOR  
Name NOGUEIRA, ANDRE  
Address 1770 PROMONTORY CIR  
City-State-Zip: GREELEY CO 80634

Title SECRETARY  
Name SOMMERS, KIERSTEN  
Address 1770 PROMONTORY CIR  
City-State-Zip: GREELEY CO 80634

Title TREASURER  
Name BISCARDI, GUSTAVO  
Address 1770 PROMONTORY CIR  
City-State-Zip: GREELEY CO 80634

Title DIRECTOR, CHIEF FINANCIAL  
OFFICER  
Name MOLINA, DENILSON GONCALVES  
Address 1770 PROMONTORY CIR  
City-State-Zip: GREELEY CO 80634

Title PRESIDENT  
Name TRIUS, VINCENT  
Address 1770 PROMONTORY CIR  
City-State-Zip: GREELEY CO 80634

Title HEAD OF TAX  
Name ANDERSON, TODD  
Address 1770 PROMONTORY CIR  
City-State-Zip: GREELEY CO 80634

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

**SIGNATURE: KIERSTEN SOMMERS**

**SECRETARY**

**02/04/2019**

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

\_\_\_\_\_  
Date