

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2013-03-19** | Period of Report: **2012-12-01**
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REPORTING OWNER

Beckles Mario Antone

CIK: **1477325**

Type: **3** | Act: **34** | File No.: **000-52928** | Film No.: **13700009**

Mailing Address

2075 NE 164 SREET

APT 904

NORTH MIAMI BEACH FL

33162

ISSUER

First Liberty Power Corp

CIK: **1415305** | IRS No.: **450560329** | State of Incorpor.: **NV** | Fiscal Year End: **0731**

SIC: **7370** Computer programming, data processing, etc.

Mailing Address

7251 W. LAKE MEAD BLVD.

SUITE 300

LAS VEGAS NV 89128

Business Address

7251 W. LAKE MEAD BLVD.

SUITE 300

LAS VEGAS NV 89128

888-371-5864

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <u>Beckles Mario Antone</u> (Last) (First) (Middle) 2075 NE 164 SREET, APT 904 (Street) NORTH MIAMI BEACH, FL 33162 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/01/2012	3. Issuer Name and Ticker or Trading Symbol <u>First Liberty Power Corp [flpc]</u> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <u>Chief Financial Officer</u>	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Signatures

Mario Beckles
 ** Signature of Reporting Person

03/18/2013
 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
 ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
 Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.