FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

DeMatteo Madelyn M	2. Date of Event Requiring Stater (Month/Day/Year 01/19/2005	nent	3. Issuer Name and Ticker or Trading Symbol HOUSTON OPERATING CO [ OTCBB:HOOC ]								
(Last) (First) (Middle) C/O HOUSTON OPERATING COMPANY			Relationship of Reporting Pers (Check all applicable)     X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
67 FEDERAL ROAD, BLDG. A, SUITE 300				Officer (give title below)	Other (spec below)	App	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) BROOKFIELD CT 06804							Form filed b Reporting P	y More than One erson			
(City) (State) (Zip)											
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						cṫ (D)   (Insi	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock, \$0.001 Par Value				0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)	Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Underlying Derivative Security (II		4. Conversior or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	n Title	•	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)				

Explanation of Responses:

/s/ Madelyn DeMatteo

03/14/2005

\*\* Signature of Reporting Person

Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).