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

1. Name and Address of Reporting Person*  Denenberg Charlotte G  2. Date of Event Requiring Statement (Month/Day/Year) 12/09/2004			3. Issuer Name and Ticker or Trading Symbol HOUSTON OPERATING CO [ OTCBB:HOOC ]							
Last) (First) (Middle) C/O NETFABRIC CORPORATION			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
67 FEDERAL ROAD, BUILDING A, SUITE 300				Officer (give title below)	Other (spe below)	App	licable Line)	/Group Filing (Check y 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)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$.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)  2. Date Exercisa Expiration Date (Month/Day/Yea		ate	and 3. Title and Amount of Secu Underlying Derivative Secu			4. Conversior or Exercise Price of	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Charlotte Denenberg 12/13/2004

\*\* 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).